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A Guide to Aid the Basic Nursing Student Develop a Concept of Her Role as a Health Teacher

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A GUIDE TO AID THE BASIC NURSING STUDENT DEVELOP
A CONCEPT OF HER ROLE AS A HEALTH TEACHER

by

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St. Paul, Minnesota, 1954

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A Guide to Aid the Basic Nursing Student Develop a Concept
of Her Role as a Health Teacher

Thesis directed by Associate Professor Patricia Vander

Leest and Assistant Professor Grace Toews

The purposes of the study were to develop a guide which would provide the nursing instructor with a list of materials from which to select learning experiences that would aid the basic nursing student develop a concept of her role as a health teacher and to illustrate how these learning experiences could be organized for sequence, continuity, and integration. It was believed that a guide which provided the nurse instructor with a ready source of materials that would aid the nursing student in developing a concept of her role as a health teacher would ultimately enable her as a graduate nurse to function in this role.

The assumption upon which the study was based was that since health teaching is recognized as a nursing function, the basic professional program should provide the nursing student with opportunities to develop a concept of herself as a health teacher. The need for the study was established following the review of literature which identified health teaching as a function of the nurse and established the value of the resource unit as a tool in curriculum planning.

From a review of the literature, content related to health teaching was identified and used in formulating the educational purposes of the guide. The objectives for the guide were stated in terms of both the desired behavior and the content area of health teaching in which the nursing student was to demonstrate the behavior.

All clinical content areas traditionally included in the basic nursing curriculum were represented in the guide. Three levels that corresponded with the three clinical years were selected to demonstrate how learning experiences could be planned and organized to meet the criteria of continuity, sequence, and integration.

Teaching materials were selected for each learning experience and a bibliography was compiled for the guide. Methods of evaluation were suggested for each learning experience.

It was recommended that the guide be used by nursing instructors in an actual situation to determine if it has value to the instructor and after use of the guide a follow-up study be made to determine if the nursing student believed that she developed a concept of her role as a health teacher in the basic nursing curriculum.

This abstract of about 365 words is approved as to form and content. I recommend its publication.

Signed

Patricia Vander Leest
Instructor in charge of thesis

The encouragement, advice, and patience
of the Thesis Committee is gratefully
acknowledged.

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CHAPTER I

INTRODUCTION

With greater emphasis being placed on patients assuming self care activities and retaining or attaining their best possible health status, the nurse's role as a health teacher has increased steadily.¹

The mention of health education or teaching as a nursing function was found in early nursing literature. In 1902, Richards wrote that it was Florence Nightengale who introduced the spirit of reformation and teaching into the work of nursing.² Early health teaching by the nurse consisted of her being an example of cleanliness, while the emphasis more recently has been that she teach the individual preventive health measures and self care.

In discussing the nurse's responsibility for teaching, Montag stated that:

There are many persons, including nurses, who can see very readily the role of the nurse as teacher in that branch of nursing usually called "public health". There are fewer, unfortunately, who see the nurse as a teacher regardless of where she is. The present and evolving concept that nurses are concerned with the patient's personal growth and his development of

¹Elinor V. Fuerst and Lu Verne Wolff. Fundamentals of Nursing (Philadelphia: J. B. Lippincott Company, 1956), p. 163.

²Linda Richards, "The Entrance of the Nursing Profession into Reform and Protective Work," The American Journal of Nursing, 2:591, May, 1902.

self-direction means that all nurses, in whatever field, are involved in the teaching of the patient. This puts a different responsibility upon the nurse, and this influences the kind of preparation she will need.³

It appears then that teaching is an essential and accepted function of the nurse, for as Harmer and Henderson said, it is not a matter of choice whether the nurse will teach but whether she will be a successful, an average, or a poor teacher.⁴ Health teaching, if it is to be meaningful to the patient, requires that the nurse have some preparation. If the curriculum is organized so that the learning experiences in all clinical areas are directed toward the goal of assisting the basic nursing student understand that the nurse has a role as a health teacher, then opportunities will be provided for her to develop a concept of herself in this role.

Allen listed eight major areas of core content in the basic nursing curriculum, one of which was health teaching as a part of social and health aspects. She further stated that the first step to including an area in the curriculum is to plan for its fusion in all courses and experiences.⁵

³Mildred L. Montag and Margaret Filson. Nursing Arts (Philadelphia: W. B. Saunders Company, 1953), p. 247.

⁴Bertha Harmer and Virginia Henderson. Textbook of the Principles and Practice of Nursing (New York: The Macmillan Company, 1955), p. 534.

⁵Doteline E. Allen, "Core Content in the Basic Curriculum," Nursing Outlook, 1:286, May, 1953.

A plan of organization for curriculum was described by Tyler who pointed out that implementation must be preceded by identification of the elements in that curriculum which serve as organizing threads.⁶ It was believed that health teaching could be considered as a thread and organized as such in a basic nursing curriculum.

Statement of the Problem

The problem of this study was to develop a guide, for the nursing instructor, that presented a list of materials from which to select learning experiences which would aid the basic nursing student develop a concept of her role as a health teacher.

Purposes of the Study

The purposes of the study were: (1) to develop a guide which would provide the nursing instructor with a list of materials from which to select those learning experiences that would aid the basic nursing student develop a concept of her role as a health teacher and (2) to illustrate how learning experiences could be planned to assist the nursing student to develop a concept of her role and to illustrate how these learning experiences could be organized for sequence, continuity, and integration.

⁶Ralph W. Tyler. Basic Principles of Curriculum and Instruction (Chicago: The University of Chicago Press, 1950), pp. 55 et. seqq.

Need for the Study

A joint committee of the American Medical Association and the American Nurses Association which studied the improvement of care to patients recognized health teaching as one of the components of comprehensive nursing care.

Including health teaching in the definition of this care they said:

Comprehensive nursing should be designed to provide physical and emotional care for the patient, care of his immediate environment; carrying out the treatment prescribed by the physician; teaching the patient and his family the essentials of nursing that they must render; giving general health instruction and supervision of auxiliary workers.⁷

In a discussion of the concept that nurses are to teach the patient and that they should be prepared for this, Brown emphasized the responsibilities of the instructor in helping the student to become more effective as a teacher when she stated:

Since the student carries, in addition to her responsibility for the nursing care of a patient, a certain responsibility for teaching that patient conservation and promotion of health, it is important that the student understand and know how to apply principles of teaching.⁸

The literature reviewed indicated that health teaching has become a recognized nursing function and preparation

⁷"The Joint Commission Recommends," The American Journal of Nursing, 53:309, March, 1953.

⁸Amy Frances Brown, Curriculum Development (Philadelphia: W. B. Saunders Company, 1960), pp. 457-458.

of nursing students for this function has become a matter of concern to nurse educators. This was evidenced by Harmer and Henderson when they said:

Without some practice in teaching under the guidance of a trained and successful instructor, they may find it difficult to organize their material or to select and use the most effective method of presentation; they may not know how to stimulate the interest of the persons they want to teach and to elicit the participation of the student. During the basic education of the nurse, she should be helped to recognize teaching situations and obligations, and carefully selected opportunities should be provided for her to give health guidance to patients under competent supervision.⁹

Lennon also stressed the responsibilities for preparing the student to teach when she stated:

Nursing education must provide for the acquisition of knowledge and the development of skills, ideals, and attitudes, to enable her to plan for and give complete nursing care and health guidance to individual patients and families.¹⁰

Although the need for the nursing student to understand and implement health teaching was presented in the literature, there was no indication that the development of this concept had been considered in the total nursing curriculum. Tyler, when speaking about organizing elements in a curriculum, stated that "in planning the curriculum for any school or any field, it is necessary to decide on

⁹Harmer, op. cit., p. 548.

¹⁰Sister Mary Isidore Lennon. Teaching in the Out-patient Department (New York: G. P. Putnam's Sons, 1954), p. 2.

the type of elements which most effectively serve as threads to use in the organization."¹¹

It was believed that with persistent emphasis on the role of the nurse as a health teacher, it has become increasingly important that throughout the basic nursing curriculum the nursing student be given opportunity to develop a concept of herself as a teacher of health. It was believed that a guide which provided the nurse instructor with a ready source of materials would aid in the development of this concept.

Definition of Terms

For the purposes of this study the following definitions were used:

Concept. An idea, opinion, or mental image of what should be.

Health teaching. The instruction of individuals in the preventative or restorative aspects of health.

Learning Experience. The interaction between the learner and the external conditions in the environment to which he can react.¹²

Objective. An educational aim or goal.¹³

¹¹Tyler, op. cit., p. 56.

¹²Ibid., p. 41.

¹³Ibid., p. 4.

Teaching materials. Books, periodicals, pamphlets, audio-visual, or other aids to instruction.

Scope and Limitations

The guide developed in this study was designed to present the nursing instructor with a list of materials from which she could select and organize learning experiences that would provide the basic nursing student the opportunities to develop a concept of her role as a health teacher so that as a graduate nurse she would be prepared to function in this role.

The guide was developed so that it could be used in any basic professional nursing curriculum that operated within the framework of a democratic philosophy of education. The organization of the guide illustrated that learning experiences could be planned to meet the criteria of sequence, continuity, and integration as presented by Tyler.¹⁴

Learning experiences were planned for all clinical areas. The three levels selected and the grouping of clinical content areas was arbitrarily made.

The limitations of the study were (1) not all the possible learning experiences were included in each of the clinical areas, and (2) the usefulness of the guide was not tested in an actual teaching situation. Use of the guide

¹⁴Ibid., p. 55.

by instructors in a basic nursing curriculum would have provided a means of evaluation of the guide.

Organization of the Remainder of the Thesis

The remainder of this study is organized into four chapters. Chapter II presents findings from the review of the literature relative to this study. A description of the formulation of the objectives for the guide and the steps in the development of the guide are given in Chapter III. The completed guide comprises Chapter IV and Chapter V contains a summary of the guide with recommendations for further investigation.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

A review of literature was made for the purposes of identifying the role of the nurse as a health teacher, obtaining information relative to the resource unit in the development of a guide, and providing a background for the formulation of the objectives which were used in the guide.

Nursing periodicals reviewed included The American Journal of Nursing from 1900 to June, 1960, Nursing Outlook from 1953 to June, 1960, and selected editions of The Canadian Nurse, Nursing Research, and Nursing World. Recent paramedical journals were included to ascertain health teaching as identified by physicians and other members of the health team. In addition, selected textbooks in nursing and general education were surveyed.

For the purposes of clarity the chapter is presented in the following manner: (1) the history and use of resource units in curriculum planning, (2) health teaching in nursing, and (3) curriculum organization for health teaching.

History and Use of Resource Units

The desire to achieve more flexibility and comprehensiveness in educational curricula in the 1930's led to the development of the type of materials known as source units. In the early workshops of the Eight Year Study of the Progressive Education Association, the term source unit was used. This term was later changed to resource unit. The original design was that of a tool for teacher-student planning and was meant to be essentially a collection of selected materials organized around a topic.¹

The Rocky Mountain Workshop in the summer of 1938 was part of a social education investigation and it was at this workshop that the use of the resource unit was recognized and established. The resource unit was devised to meet the need of teachers who believed in student-teacher planning in the classroom but who felt incompetent to plan effectively unless adequate pre-planning had been done.²

Burton, Krug, and Miel³ were among those in the field of curriculum whose definitions of the resource unit

¹Edward A. Krug, Curriculum Planning (New York: Harper and Brothers, 1957), p. 160.

²Dora Eldredge, "The Resource Unit," Nursing Outlook, 2:367, July, 1954.

³William H. Burton, The Guidance of Learning Activities (New York: D. Appleton-Century Company, Inc., 1944), p. 257; Edward A. Krug, Curriculum Planning (New York: Harper and Brothers, 1957), p. 235; Alice Miel, Changing the Curriculum: A Social Process (New York: D. Appleton-Century Company, Inc., 1946), p. 117.

were similar to the following which was given by Alberty.

He stated that the resource unit was,

a systematic and comprehensive survey, analysis and organization of the possible resources which a teacher might utilize in planning, developing, and evaluating a learning unit. In other words, it is a reservoir out of which the teacher working with the students may draw helpful suggestions for developing units of work in the classroom.⁴

Misunderstanding of the purposes of the resource unit and unwillingness to change established ideas and methods of curriculum organization resulted in the reluctance of many teachers to consider and use the resource unit. However, during the visits of curriculum consultants to schools participating in the study of the Progressive Education Association, the teachers were urged to consider teacher-student planning and to explore the needs and interests of students. With the help of these consultants, the teachers began to recognize their need for specific guides such as these and the source unit evolved.⁵

Burton helped to clarify the differences between the source unit, the subject matter unit, and the experience unit when he explained that source units or source-suggestions are extensive collections of possible problems, materials, and experiences which may be organized by the

⁴Harold Alberty, Reorganizing the High School Curriculum (New York: The Macmillan Company, 1953), p. 424.

⁵Amy Frances Brown, Curriculum Development (Philadelphia: W. B. Saunders Company, 1960), p. 270.

teacher around either subject-matter cores or pupil purposes. Referring to the use of source units he said:

The contents are so extensive and varied that a teacher cannot possibly use the material as the basis for day-to-day teaching. She will use it instead as a handbook of guidance and assistance, as a reservoir of ideas and suggestions, and as a source of many teaching plans for individual units.⁶

Krug concurred with Burton and further differentiated between the teaching unit and the resource unit by stating that the resource unit is supposed to apply primarily to that part of the planning process concerned with gathering ideas for possible activities and material while the teaching unit is seen as a way to organize these ideas for a given specific use. A teaching unit is one suggestion while a resource unit contains many. The broadness of the resource unit therefore, provides for developing and maintaining flexibility in the classroom and implies that the resource unit idea is applicable to all teaching fields.⁷ With the realization that they could select from the resource unit those learning experiences, teaching materials, and procedures which were particularly applicable to the unit being studied, teachers began to understand and develop resource units in their own areas.

⁶Burton, loc. cit.

⁷Krug, op. cit., p. 162.

Eldredge, whose definition was similar to others, believed that a resource unit could be adapted to clinical teaching in nursing.⁸ The use of the resource unit in clinical teaching was illustrated when nursing educators in one state met to study the clinical nursing education in the medical-surgical areas. Prior to their study, they had evaluated the student achievement on standardized tests, and as a result of the evaluation developed a resource unit as a tool of organization to share and utilize similar information.⁹ It was of interest to note that in a study made two years later to determine the use of this particular resource unit, the researcher reported that those who attended the workshop, and those in the specific clinical area for which it was prepared, used the unit more than others who had not attended or who were teaching in other clinical areas.¹⁰

In 1956, the National League for Nursing and the American Association of Industrial Nurses appointed representatives to a joint committee to determine curriculum content essential for the preparation of nurses for general practice in occupational health nursing. The outcome of the committee's activities was the publication of a Guide

⁸Eldredge, loc. cit.

⁹Laura O. Copple, "Cooperative Curriculum Study," Nursing Outlook, 5:162-164, March, 1957.

¹⁰Rita Marie Darragh, "A Study of the Use of a Medical-Surgical Resource Unit Developed in 1955 in the State of Montana" (unpublished Master's thesis, The University of Washington, Seattle, 1957), pp. 43-44.

for Evaluating and Teaching Occupational Health Nursing Concepts and the use of the guide by nurse educators in one state who reported it to have been of value.¹¹

Although flexibility is a characteristic of the resource unit, it is imperative that the objectives be explicitly set forth as they serve as the guide in the development of the unit. Also, the general philosophy and purposes of the school must be well understood by the one preparing the unit.¹² Consistency with the institution or framework for which the resource unit was developed was pointed out by Krug when he said:

Resource units therefore provide the vehicle by means of which teachers can begin applying curriculum principles in the instructional program. They should be consistent with the general objectives of the school, with the all school program, and with the framework established in the subject fields and in the core curriculum or common learnings.¹³

Although there is opportunity for a considerable amount of variation in the actual organization of the resource unit, most units contain:

(1) a title, 2) an analysis of the students, school and community, 3) the course aims and values, and the specific unit objectives, 4) suggested activities, 5) suggested techniques and instruments of evaluation, and 6) a bibliography.¹⁴

¹¹Edna May Klutas, "A Guide that Leads to a Goal," Nursing Outlook, 7:529, September, 1959.

¹²Alberty, op. cit., p. 457.

¹³Krug, op. cit., p. 251.

¹⁴Eldredge, loc. cit.

Krug stressed that the improvement of resource units depended on the extent to which they were used; for only through use could areas be further developed, deleted, or modified.¹⁵ Continuous modification was considered necessary by the majority of authors so that the primary goal of the resource unit--curriculum improvement--could be realized.

One of the advantages of the resource unit was the fact that flexibility was emphasized which would permit modification of the content in light of needs, interests and abilities of individuals and groups. There appeared to be general agreement that the resource unit facilitated teacher pre-planning in those areas where teacher-student participation, rather than textbooks, was the basis for planning. Saylor and Alexander suggested that resource units were typically developed for more than one learning group and that they may be used for different grade levels and in different subject areas.¹⁶

The acceptance of the resource unit as an aid in teaching in general education was demonstrated by the wealth of units which have been developed for teachers in a variety of fields. Resource units have also been

¹⁵Krug, op. cit., p. 190.

¹⁶J. Galen Saylor and William M. Alexander. Curriculum Planning for Better Teaching and Learning (New York: Rinehart and Company, Inc., 1948), p. 402.

developed for use in schools of nursing and have been reported to be valuable teaching tools in the more specialized type of curriculum.

Health Teaching in Nursing

What's so new about the nurse being a teacher? Well, nothing really, since teaching has always been an integral part of good nursing care and health education. But the nurse who is giving comprehensive nursing care today finds that her role as a teacher is gradually assuming greater proportions. Now the nurse is beginning to recognize, correctly label, and expand her teaching efforts.¹⁷

The preceding quotation from Skinner is an appropriate summary of what the review of literature indicated. Oettinger commented on the fact that the role of the nurse as a teacher had been recognized. She considered this indicative of progress and said that "in the long, slow journey from the Sairey Gamps through the ever growing nursing ideal, nothing so vital has emerged as the idea of the nurse as a teacher."¹⁸

It was Montag who presented the concept that the teaching responsibilities of the nurse were readily seen in the public health nursing field but were not as clearly recognized in other areas.¹⁹ Lincoln, in reporting the

¹⁷Geraldine Skinner and others, "To Nurse Is To Teach," The American Journal of Nursing, 58:92, January, 1958.

¹⁸Katherine B. Oettinger, "Teaching Tools," The American Journal of Nursing, 35:1012, November, 1935.

¹⁹Mildred L. Montag, and Margaret Filson. Nursing Arts (Philadelphia: W. B. Saunders Company, 1953), p. 247.

nursing care for patients with tuberculosis, pointed out that the education of the patient is not only the duty of the public health nurse but the role of all nurses who work with the patient.²⁰

Some of the reasons for the change in the earlier concept that it was primarily the duty of the public health nurse to instruct the patients have resulted from modifications in the length of and reasons for hospitalization, and the increased care given on an out-patient basis. The areas recognized and utilized today for the teaching of health include the hospital, clinic, home, industry, and various special classes. Montag aptly summarized the need to teach in each of these areas when she said that "it is fairly obvious that the nurse cannot escape her responsibility for teaching, for the need exists where she is."²¹

Since the basic nursing student has the majority of her learning experiences in a hospital setting, it was considered relevant to investigate the relationship of the nurse to the nursing care functions in the hospital. A study of hospital care revealed that one of the functions of the general hospital implied that the nurse be a competent health teacher.²² Harmer wrote of the need to

²⁰Louise Lincoln, "The Untrained Patient Remains Uncured," The American Journal of Nursing, 43:64-68, January, 1943.

²¹Montag, op. cit., p. 248.

²²Commission on Hospital Care. Hospital Care in the United States. (New York: The Commonwealth Fund, 1947), p. 115.

instruct the hospitalized patient so that:

. . . all the good work accomplished in the hospital may not be undone by lack of instructions, by neglect, or worry and by circumstances which force a patient to go to work too soon or to work at unsuitable employment.²³

The increased emphasis on teaching patients in the hospital was illustrated by Dorner in a description of the teaching program for patients who were to have surgery for stapes mobilization. She reported that patients were less fearful, more able to cooperate, and had a better understanding of their disease and the corrective surgery since the program had been in effect.²⁴

Nursing educators have long been cognizant of the influence on nursing education by cultural changes as well as changes in medical and hospital practices. The establishment of teaching clinics may in the future place added emphasis on the need for the nurse to be prepared to teach. An example of a hospital teaching clinic is the one associated with the New England Deaconess Hospital in Boston. Writing about this center, Martin said, "the nurse's main function . . . is to teach diabetic patients how to stay

²³Bertha Harmer. Textbook of the Principles and Practice of Nursing. (New York: The Macmillan Company, 1934), p. 367.

²⁴Helen Dorner, "Teaching Patients About Stapes Mobilization," The American Journal of Nursing, 60:819-820, June, 1960.

healthy and happy as they develop confidence in learning to care for themselves."²⁵

Medical authorities have had little to say relative to the nurses role in health teaching. However, Mitchell, a physician, recognized the role of the nurse in teaching patients with pulmonary disease when he said that "education of the patient with chronic pulmonary disease is a cooperative project involving the doctor, the nurse, the social worker, and most important the fellow patient."²⁶

The concept of the nurse as a health teacher is being reflected with increasingly greater emphasis in nursing textbooks. The importance of teaching patients as an integral part of comprehensive nursing care is illustrated by Fuerst and Wolff, Harmer and Henderson, and Montag and Filson, all of whom have elaborated and enlarged the discussions of this aspect of care in recent revisions of their nursing texts.²⁷

²⁵Marguerite M. Martin, "A Teaching Center for Diabetes," The American Journal of Nursing, 58:390, March, 1958.

²⁶Roger S. Mitchell, "Teaching the Patient about His Chronic Pulmonary Disease," Diseases of the Chest, 30:113-115, July, 1956.

²⁷Elinor V. Fuerst and Lu Verne Wolff, Fundamentals of Nursing Edition 1, 1956, Edition 2, 1959 (Philadelphia: J. B. Lippincott Company); Bertha Harmer and Virginia Henderson, Textbook of the Principles and Practices of Nursing Edition 2, 1939, Edition 5, 1955 (New York: The Macmillan Company); Mildred L. Montag and Margaret Filson, Nursing Arts, Edition 1, 1948, Edition 2, 1953 (Philadelphia: W. B. Saunders Company).

Curriculum Planning for Health Teaching

According to Harmer and Henderson, the health teaching function of the nurse is now generally recognized. It was their belief that the general preparation of the nurse should include assistance in helping the student recognize teaching situations and obligations and provision for carefully selected opportunities to give health guidance to patients under competent supervision.²⁸

To prepare the nursing student to teach health effectively, she must have specific information about preventive health and the various disease processes as well as a knowledge of the psychology of learning. Stock believed that the orientation of the nurse to the teaching of patients could be accomplished by various means--one of which was the placing of equal emphasis in the curriculum on the preventive and curative aspects of illness.²⁹ Windemuth agreed with Stock when she described the opportunities in the out-patient department.

The opportunities for health teaching are ubiquitous in the out-patient department. They will not come to fruition unless the nurse becomes as health conscious as she is now disease conscious; unless she is able to approach every patient relationship,

²⁸Bertha Harmer and Virginia Henderson, Textbook of the Principles and Practice of Nursing (New York: The Macmillan Company, 1955), p. 534-535.

²⁹Joan Stock, "Health Teaching in Hospitals," The Canadian Nurse, 47:421-425, June, 1951.

confident in her health knowledge and in her ability to communicate it.³⁰

The instructor in nursing may assist the nursing student to develop a concept of her role in health education through selecting and organizing learning experiences in the clinical areas which will be directed toward this goal. An essential factor in the development of this concept is the introduction of health teaching early in the curriculum. As Albertine stated:

It is important that the nurse is given early in her basic course the proper perspective with regard to health teaching. She should see it in it's proper setting and be taught how it can be imparted coincidentally with the carrying out of nursing procedures.³¹

Since the beginning clinical experiences for nursing students are usually selected and planned in the hospital setting, nursing service personnel contribute to the health teaching of the patient. Assisting the nursing student to understand her role in this teaching was considered one of the responsibilities of hospital nursing service personnel by Streeter who commented:

Today it is essential that departments of nursing service conduct active teaching programs for patients, for two reasons--the patients need this instruction, and if nursing students are having clinical experience in the hospital, they need a suitable environment where they can learn to teach. . . . And if students

³⁰Audrey Windemuth, The Nurse and the Outpatient Department (New York: The Macmillan Company, 1957), p. 111-112.

³¹Sister M. Albertine, "The Undergraduate Nurse as a Health Teacher in the Clinic," Hospital Progress, 23:51, February, 1942.

are to learn to teach, they should have clinical experience in situations where the nursing service personnel emphasize teaching.³²

The preparing of nursing students to assume first level positions upon graduation was investigated to determine if there were curriculum implications. One of the functions as set forth by the American Nurses' Association in a statement of the functions, standards, and qualifications of the general duty nurse was that she was "one who assists in patient education and recognizes and utilizes opportunities for health teaching."³³ Carl, in a discussion of the professional nurse's responsibility in health education presented the need for the health teacher to feel secure, know what her responsibilities were, and to know where guidance and support for teaching could be found. She believed that security began with adequate preparation.³⁴

The responsibilities of the instructor in selecting and organizing clinical experiences so that students could become effective teachers were outlined by Brown, who suggested that the principles of health teaching be discussed in introductory nursing courses. Not only did she consider

³²Virginia Streeter, "The Nurse's Responsibility for Teaching Patients," The American Journal of Nursing, 53:818, July, 1953.

³³"ANA Statements of Functions, Standards, and Qualifications," The American Journal of Nursing, 58:1413-1415, October, 1958.

³⁴Opal Carl, "The Professional Nurses Responsibility in Health Education," Nursing Outlook, 2:431-433, August, 1954.

the development of this concept essential for the nursing student but further suggested that nurses who are graduates should have similar opportunities to develop this concept through in-service education.³⁵

Because nurse educators have referred to the role of the nurse as a health teacher, it appeared that the responsibility for assisting the basic nursing student to develop this concept belonged to nursing education.

Philosophy of Education

The philosophy of education is that part of the curriculum which serves as a foundation upon which to build. The philosophy guides the formulation of objectives, determines the type of educational values and practices to be implemented, and by implication determines the learning outcomes.³⁶

Since there are various philosophic positions, the philosophy must serve as a guide in the screening of the formulated objectives of an educational program. The objectives derived from the various sources, such as data from the learners, the needs of society, and the subject matter specialists are screened through the philosophy to ascertain their value in terms of the stated philosophy.

³⁵Brown, op. cit., pp. 457-470.

³⁶Ralph W. Tyler, Basic Principles of Curriculum and Instruction (Chicago: The University of Chicago Press, 1950), p. 22 et. seqq.

The guide which was developed in this study was formulated so that it could be used in any nursing program which operated within the framework of a democratic philosophy of education. Tyler listed four democratic values important to effective and satisfying personal and social life which are commonly emphasized in an educational philosophy in a democratic society as:

- . . . 1) recognition of the importance of every individual human being as a human being regardless of his race, national, social, or economic status; 2) opportunity for wide participation in all phases of activities in the social groups in the society; 3) encouragement of variability rather than demanding a single type of personality; 4) faith in intelligence as a method of dealing with important problems rather than depending upon the authority of an autocratic or aristocratic group.³⁷

The usefulness of the philosophy of education in the screening of objectives was also presented by Tyler.

For a statement of philosophy to serve most helpfully as a set of standards or a screen in selecting objectives it needs to be stated clearly and for the main points the implications for educational objectives may need to be spelled out. Such a clear and analytical statement can then be used by examining every proposed objective and noting whether the objective is in harmony with one or more main points in the philosophy, or is unrelated to any of these points. Those in harmony with the philosophy will be identified as important objectives.³⁸

The philosophy of education advanced by Backlund,

³⁷Ibid.

³⁸Ibid.

et al³⁹ guided the development of this study. The goals of this philosophy were: (1) the development of individual creativeness, critical thinking, and responsible citizenship; (2) the ability to lead a self-directive, meaningful personal and professional life; and (3) the preparation for functioning in any beginning first level professional nursing position. The philosophy of education used in this study is found in Appendix A.

Psychology of Learning

Recognition of the importance of the known principles of the learning process was expressed by Sand as being requisite to sound educational planning.⁴⁰ The psychology of learning is the second screen through which objectives should be passed and also serves as a criteria for the development of objectives. Tyler emphasized that "unless the educational objectives or goals are consistent with the psychology of learning they are worthless as educational goals."⁴¹

Purposes that a theory of learning can serve were suggested by Tyler and included: 1) the ability to distinguish changes in human beings that can be expected

³⁹ Marilyne Backlund, E. Kathryn Barnett, Irene Brower, Marjorie Cooper, Lu Verne Davis, Rose Howden, Irene Lang, and Essie Riley, "A Curriculum Project" (unpublished Nursing 656 project, The University of Colorado, Denver, 1960), p.1.

⁴⁰ Ole Sand, Curriculum Study in Basic Nursing Education (New York: G. P. Putnam's Sons, 1955), p. 48.

⁴¹ Tyler, op. cit., p. 24.

from a learning process, 2) the ability to distinguish goals that are feasible from those that are likely to take a very long time or are nearly impossible, 3) assistance in grade placement for objectives which are educationally attainable, 4) knowledge of conditions requisite for the learning of certain types of objectives, 5) information regarding time required to bring about certain types of changes, 6) realization that most learning experiences produce multiple outcomes, and 7) evidence that learnings which are consistent with each other reinforce each other.⁴²

The psychology of learning used in this study was based on the theory that learning is a dynamic process manifested by a change in behavior. This change in behavior is the result of experience rather than merely the process of maturation and is known to persist.⁴³

The psychology of learning which follows was developed by a faculty committee and used during a curriculum study in basic nursing education. The principles of learning stated in the study were:

Readiness is essential to learning. Learning takes place to the extent that the learner is psychologically and physically ready to learn.

Individual differences must be considered if effective learning is to take place.

Motivation is essential for learning because it initiates, sustains, and directs the learning activities.

⁴²Ibid., pp. 24-28.

⁴³Sand, op. cit., pp. 53-55.

Perception is an important factor in learning. What the student learns depends upon what she perceives in light of previous experiences.

Self activity is necessary for the student learns what she actually uses.

Transfer is a necessary component of learning. Recognition of similarities and dissimilarities between past experience and the present situation facilitates the transfer of learning.

Interpersonal relationships are important in motivation since they affect motivation and the extent to which learning occurs.

Evaluation is essential in determining outcomes of learning. A continuous appraisal of changes in behavior; when carried out by the instructor and the student together, indicates achievement of the goals of learning and gives direction for further learning.⁴⁴

The psychology of learning, therefore, is necessary for the selection of objectives and as a check on the feasibility in attaining these objectives. The psychology of learning used in this study appears in Appendix B.

Summary

The presentation of information relative to the history and use of the resource unit demonstrated the possibilities for using the resource unit as a teaching tool as well as suggestions for the development of a unit. The review of nursing and paramedical literature illustrated the role of the nurse as a health teacher and curriculum planning for health teaching. The use of the philosophy of education and the psychology of learning in the

⁴⁴Sand, op. cit., pp. 53-65.

formulation of objectives and in the development of the guide were explained.

CHAPTER III

DEVELOPMENT OF THE RESOURCE UNIT

Introduction

The resource unit in this study was developed for use in a basic professional nursing curriculum whose educational philosophy was democratic in nature. The purposes of the development of the guide were (1) to provide the nursing instructor with a list of materials from which to select learning experiences that would aid the basic nursing student develop a concept of her role as a health teacher and (2) to illustrate that learning experiences could be organized for sequence, continuity, and integration.

The steps in the development of the guide were:

(1) identification and formulation of the health teaching objectives which would serve as the educational purposes of the guide, (2) screening of objectives, (3) selection of clinical areas, (4) selection of learning experiences, (5) development and organization of learning experiences, (6) selection of teaching materials, (7) suggestions for evaluating learning experiences, and (8) compilation of a bibliography.

Identification and Formulation of Objectives

In order to formulate objectives, Sand listed three sources which, when studied, would provide data from which to infer educational objectives. These he gave as studies of the learner, studies of contemporary life outside the school, and suggestions from subject specialists.¹ The identification of health teaching objectives was accomplished through an extensive review of the literature. It was upon suggestions from subject specialists that the educational purposes of the guide were established.

Objectives, according to Tyler, may be stated in terms of (1) anticipated behavior changes, (2) elements of content such as topics, concepts, or generalizations, or (3) generalized patterns of behavior which fail to indicate specifically the area of life or content to which the behavior applies.² Brown contended that the most useful form for stating objectives is to express them in terms which identify both the kind of behavior to be developed in the student and the content area in which this is to operate.³

¹Ole Sand, Curriculum Study in Basic Nursing Education (New York: C. P. Putnam's Sons, 1955), pp. 18-24.

²Ralph W. Tyler, Basic Principles of Curriculum and Instruction (Chicago: The University of Chicago Press, 1950), pp. 28-31.

³Amy Frances Brown, Curriculum Development (Philadelphia: W. B. Saunders Company), pp. 170-171.

The objectives of health teaching which were formulated possessed both the behavioral and content dimension. Four behaviors were selected for use in the study. These were: (1) awareness or conscious recognition or cognizance; (2) appreciation or discriminating, sensitive perception and grateful recognition; (3) understanding implied an interpretation and identification of facts, a discernment of how and when to utilize this knowledge, and the capacity to form judgments; and (4) ability was used as meaning the capacity and competence to perform. Literature in nursing was reviewed to obtain objectives considered important by subject specialists and these objectives provided the basis for the content aspects. The objectives for the guide were then stated in terms of the desired behavior and content in health teaching in which the nursing student was to demonstrate this behavior.

Screening of the Objectives

The screening of objectives for this study was accomplished by using the philosophy of education as the first screen and the psychology of learning as the second. In order to evaluate the worth of objectives as educational goals they were screened through the philosophy of education. To determine whether or not they could be attained, they were then screened through the psychology

of learning. The philosophy of education⁴ and the psychology of learning⁵ used in this study appear in the appendices.

The two dimensions of each objective--the behavioral aspect and the content aspect--were also screened according to the criteria of scope, feasibility, placement, conditions requisite, and the time required.⁶

The final objectives selected for use in the guide were:

Awareness that the nurse has a teaching role.

Awareness of the available community facilities

Appreciation of the contribution of health teaching in the promotion of health and the prevention of illness.

Understanding of individual differences and how these differences may influence learning.

Understanding of how the community facilities can be used in teaching health.

Ability to identify opportunities for health teaching.

Ability to communicate and share knowledge of health teaching with other members of the health team.

Ability to do health teaching through the application of basic scientific knowledge.

⁴Appendix A.

⁵Appendix B.

⁶Tyler, op. cit., pp. 24-28.

Selection of Clinical Areas

One of the assumptions of this study was that learning experiences should be planned throughout the nursing curriculum to assist the basic nursing student develop a concept of her role as a health teacher. All clinical content areas were represented which were considered typical of a traditional educational program in nursing in both the choice of areas and the placement in the sequence of the curriculum. The areas selected were:

(1) Nursing Fundamentals, (2) Medical-Surgical Nursing I, (3) Medical-Surgical Nursing II, (4) Nursing of Children, (5) Maternity Nursing, (6) Psychiatric Nursing, (7) Public Health Nursing, and (8) Medical-Surgical Nursing III.

Selection and Organization of Learning Experiences

For the purposes of this study, a learning experience was defined as "the interaction between the learner and the external conditions in the environment to which he can react."⁷ The general principles in selecting learning experiences proposed by Tyler were used in the study. These were: (1) for a given objective to be attained, opportunity must be provided the student to practice the behavior implied, (2) the student must obtain satisfaction, (3) the desired reactions must be within the range of

⁷Ibid., p. 41.

possibility, (4) many experiences may be used to attain the same objective, and (5) the same learning experiences will usually bring about several outcomes.⁸ Learning experiences were planned which were considered consistent with these general principles and which met the objectives of the clinical areas.

Tyler stated that, "in order for educational experiences to provide a cumulative effect, they must be so organized to reinforce one another."⁹ He continued to discuss organization of experiences and said that "the importance of organization in curriculum development is related to the efficiency of instrumentation and the degree to which major educational changes are brought about in the learners."¹⁰

The rationale for the organization of learning experiences was based on the criteria given by Tyler for effective organization--continuity, sequence, and integration. Continuity refers to the vertical reiteration of major curriculum elements. Sequence is the increased breadth or depth which results from the building of one learning experience on the preceeding experience. Integration refers to the horizontal or unifying relationship of

⁸ Ibid., pp. 42-44.

⁹ Ibid., p. 54.

¹⁰ Ibid.

curriculum experiences.¹¹ The learning experiences in the study were organized to provide continuity by beginning with learning experiences in the early nursing courses and continuing throughout the curriculum. Sequence was planned for by building on the previous experiences through increasing the range of activities and breadth of application, following description by analysis, and by attempting to unify the parts into wholes. The learning experiences were planned to provide opportunity for integration by presenting the student with an increasingly unified picture.

In order to organize the learning experiences to attain the selected objectives three levels of experience were arbitrarily determined to coincide with three clinical years.

The clinical content areas at the three levels were:

<u>First Level</u>	<u>Second Level</u>	<u>Third Level</u>
Nursing Fundamentals	Medical-Surgical Nursing II	Psychiatric Nursing
Medical-Surgical Nursing I	Nursing of Children	Public Health Nursing
	Maternity Nursing	Medical-Surgical Nursing III

Because of the levels selected, it was believed that the objectives with the behavioral aspects of awareness and appreciation could be accomplished at the first level.

¹¹Ibid., pp. 55 et seqq.

Therefore, learning experiences to attain these objectives were planned through the first level only.

Selection and Organization of Teaching Materials

One of the values of the resource unit as a pattern for the development of a guide is the flexibility with which it can be used and the wealth of sources from which the teacher may select materials. Krug and others suggested that the activities and materials are most important and every effort should be made to see that they are suitable, available, and as comprehensive as possible.¹² To comply with these criteria, materials were selected for their pertinence to the objectives of the unit, the clinical areas represented, and their enrichment of the learning experiences. In addition, teaching materials were selected for use by both the student and the instructor.

The teaching materials selected for use in the guide included texts, periodicals and other publications, and audio-visual materials.

Suggestion for Evaluating Learning Experiences

The place of evaluation in curriculum development was described as a process of finding out how far the

¹²Edward A. Krug, Chester D. Babcock, John Guy Fowlkes, and H. T. James. Administering Curriculum Planning (New York: Harper and Brothers, 1956), pp. 137-140.

learning experiences were actually producing the desired results. Describing the concepts of evaluation, Brown wrote:

Appraisal based upon the assumption that the purposes of the school is to bring about changes in students demands the determination of the changes which have taken place and the comparison of these with the changes which have been specified to be the desirable ones.¹³

The steps in evaluation listed by Tyler were:

(1) definition of objectives, (2) identification of situations which will provide opportunity to express the behavior implied by the objectives, and (3) examination and determination of instruments for evaluation.¹⁴ The method of evaluation may vary, however, the obtaining of evidence about behavior changes in students is the desired goal. Tyler believed that any valid evidence about behaviors that were desired educational objectives could provide an appropriate method of evaluation.¹⁵

The suggestions for evaluation which are included in the guide were selected in an effort to provide for meaningful evaluation and to emphasize student participation in evaluation. Muse, in discussing student participation, concluded that "when one of the goals of education is to render learners effectively self-directing on graduation, steadily increasing student participation in self appraisal

¹³Brown, op. cit., p. 282.

¹⁴Tyler, op. cit., pp. 72-73.

¹⁵Ibid., p. 70.

becomes imperative."¹⁶ Cooperative evaluation by the student and the instructor were included in the guide whenever feasible.

The suggested methods for evaluation in this guide were: pencil and paper tests, observations, interviews, conferences with the student and others qualified to evaluate the student, and actual products made by the student.

Compilation of the Bibliography

The bibliography which was compiled for the guide was included to provide for completeness and usefulness. All materials used in formulating and implementing the learning experiences were listed. The various materials were divided into three classifications. Books, booklets, and pamphlets were included under the classification of books and other publications. Under the classification of periodicals were listed all articles found in periodical magazines and the classification of audio-visual materials included films, filmstrips, and records.

Structural Form

The form used in the guide was modified from that proposed by Draper and Gardner who suggested two parallel

¹⁶ Maude B. Muse. Guiding Learning Experience (New York: The Macmillan Company, 1950), p. 345.

columns--one for learning experiences and the other for teaching materials.¹⁷ In this study, two additions were made to the first column, one for the objective and one for the clinical area.

The general form was as follows:

Objective

Clinical Area

Learning Experience

Teaching Materials

¹⁷ Edgar M. Draper and Gordon Gardner, "How to Construct a Resource Unit," The Clearing House, 26:267, January, 1952.

CHAPTER IV

A GUIDE TO AID THE BASIC NURSING STUDENT DEVELOP A CONCEPT OF HER ROLE AS A HEALTH TEACHER

Introduction

The guide in this study was designed to illustrate how a nursing student could be aided in developing a concept of herself as a health teacher. The purposes of the guide were: (1) to provide the nursing instructor with a list of materials from which to select learning experiences that would (2) aid the nursing student to develop a concept of her role as a health teacher so that ultimately she would give more effective and comprehensive nursing care.

Overview of the Resource Unit

The guide was developed for use in a basic professional nursing curriculum which operated within the framework of a democratic philosophy of education.

The objectives used in the guide were stated in terms of both behavior and content. The four behaviors selected for the guide were: (1) Awareness or conscious recognition or cognizance; (2) appreciation or discriminating, sensitive perception and grateful recognition;

- (3) understanding included an interpretation and identification of facts, a discernment of how and when to utilize this knowledge, the capacity to form judgments; and
- (4) ability referred to the capacity and competence to perform. The content aspect of the objectives was formulated following a review of the opinions of subject matter specialists in nursing.

All clinical content areas usually present in an educational program were represented in the guide. The areas selected were: (1) Nursing Fundamentals, (2) Medical-Surgical Nursing I, (3) Medical-Surgical Nursing II, (4) Nursing of Children, (5) Maternity Nursing, (6) Psychiatric Nursing, (7) Public Health Nursing, and (8) Medical-Surgical Nursing III. Three levels of experience to coincide with three clinical years were then developed. Learning experiences planned for Nursing Fundamentals and Medical-Surgical Nursing I were considered first level experiences; Medical-Surgical Nursing II, Nursing of Children, and Maternity Nursing were considered second level experiences; and third level learning experiences were planned for Psychiatric Nursing, Public Health Nursing, and Medical-Surgical Nursing III. The learning experiences were then organized for sequence, continuity, and integration.

Objectives of the Guide

The objectives formulated for this guide were:

Awareness that the nurse has a teaching role.

Awareness of the available community facilities.

Appreciation of the contribution of health teaching in the promotion of health and the prevention of illness.

Understanding of individual differences and how these differences may influence learning.

Understanding of how the community facilities can be used in teaching health.

Ability to identify opportunities for health teaching.

Ability to communicate and share knowledge of health teaching with other members of the health team.

Ability to do health teaching through the application of basic scientific knowledge.

Learning Experiences

Learning experiences in the guide were planned for three levels of student development. First level learning experiences were planned for Nursing Fundamentals and Medical-Surgical Nursing I; second level learning experiences for Medical-Surgical Nursing II, Nursing of Children, and Maternity Nursing; and third level learning experiences for Psychiatric Nursing, Public Health Nursing, and Medical-Surgical Nursing III.

It was believed that the behaviors of awareness and appreciation could be attained by the end of the first level experiences so learning experiences to attain these behaviors were not formulated for the second and third levels.

The teaching materials used in the guide were selected for their pertinence to the objectives of the guide and the clinical areas represented; and were classified as books and other publications, periodicals, and audio-visual materials. To complete the guide and to provide for usefulness, the teaching materials were compiled in a bibliography which was included at the end of the guide.

Evaluation was considered an important aspect of each learning experience and provision was made for evaluation of each experience. The suggestions for

evaluation included several methods. Included were pencil and paper tests, observations, interviews, conferences, and actual products prepared by the learner.

OBJECTIVE: Awareness that the nurse has a teaching role

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

At the end of the class period that precedes the one in which the teaching role of the nurse is to be discussed, the instructor assigns two articles as required reading. The articles assigned are: Streeter's "The Nurse's Responsibility for Teaching Patients," and "To Nurse is to Teach," by Skinner and others. The instructor suggests that during the clinical laboratory period the morning preceding the class, the students observe the staff nurses on the ward to see what they are doing in addition to giving direct nursing care. In the class which follows, the instructor leads the discussion relative to the teaching that can be done by the nurse. The instructor lists on the blackboard the examples given by the students of the things they observed which they considered examples of teaching. If the students need direction in identifying these examples, some of the questions she might ask are: (1) Did any of you notice a nurse encouraging a patient who was reluctant to eat or explaining to one the need to eat to hasten recovery? (2) Were patients given the necessary equipment for handwashing either before mealtime or after using the bedpan even though the patient said he did not need to wash? (3) Did a nurse suggest to a patient that he may be exercising too much or that he should be more active? (4) Were the safety factors of not smoking in bed or the use of siderails explained to any patient or relatives?

From the list on the blackboard and the classroom contributions, the instructor evaluates their awareness that the nurse has a teaching role.

Teaching Materials

Harmer, Bertha, and Virginia Henderson. Textbook of the Principles and Practice of Nursing. New York: The Macmillan Company, 1955, pp. 534-538.

A discussion of the responsibility of the nurse for health teaching, including a brief introduction to methods of teaching and aspects of health education.

Montag, Mildred L., and Margaret Filson. Nursing Arts. Philadelphia: W. B. Saunders Company, 1953, pp. 246-252.

A section including the nurse's responsibility for teaching health.

Skinner, Geraldine, Evelyn Bateman, and Kathleen Nichols. "To Nurse is to Teach," The American Journal of Nursing, 58:92-93, January, 1958.

The report of a hospital where organized teaching program is part of comprehensive care program for patients with cardiac disease, especially myocardial infarcts.

Streeter, Virginia. "The Nurse's Responsibility for Teaching Patients," The American Journal of Nursing, 53:818, July, 1953.

Discusses the nurse's responsibility and factors which help to make teaching effective.

OBJECTIVE: Awareness that the nurse has a teaching role

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

In the class in which the topic is surgical treatment and nursing care of the patient who is to have a mastectomy, the film After Mastectomy is viewed. The instructor introduces the film, and asks the students to pay particular attention to the psychological support given the patient and her family by the doctor and nurse, the patient's reaction to the procedure, and asks them to try to identify the teaching role of the nurse. Following the film, the students are asked to discuss these points. The instructor guides the discussion and helps the students to recognize that the film illustrates that the nurse has many opportunities for teaching and indicates that in this film, the doctor's expectation was that the nurse would teach. She also points out the patient's appreciation for the teaching. A copy of the booklet, Help Yourself to Recovery, which was introduced in the film is given to each of the students. This booklet graphically presents the teaching that can be done by the nurse peculiar to the patient who has had a mastectomy. After the booklet has been reviewed, the students are asked to recite other conditions or clinical situations in which the nurse does teaching so that the instructor may determine if the students are aware that the nurse has a teaching role.

Teaching Materials

"After Mastectomy", film. Color, sound, 20 minutes.
American Cancer Society.

A film presenting the pre and post-operative problems of a patient who has a mastectomy and how they were met.

Alexander, Sarah E. "Nursing Care of a Patient After Breast Surgery," The American Journal of Nursing, 57:1571-1572, December, 1957.

Nursing care includes preparation for a return to the patient's home and family.

Brown, Amy Frances. Medical-Surgical Nursing II. Philadelphia: W. B. Saunders Company, 1959, pp. 681-692.

A discussion of the reasons for the operative procedure, nursing care and instructions for the patient.

Help Yourself to Recovery. Booklet. American Cancer Society.

A booklet written for post-mastectomy patients with specific illustrations and suggestions.

Higginbotham, Sarah. "Arm Exercises After Mastectomy," The American Journal of Nursing, 57:1573, December, 1957.

Early arm and shoulder exercises pay dividends by shortening the recovery period and restoring normal function more rapidly.

OBJECTIVE: Awareness of the available community facilities

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

Arrangements are made for each of the students to visit a convalescent home. Prior to the field trip, the students are asked to pay attention to the types of patients cared for at this facility and the distinctive features of the particular home. Arrangement are made with the director of the home to tell the students about the nature of the care given, who is eligible, the cost, and other facts related to the care of these patients which the director considers pertinent.

In class following the field trip, the students are asked to describe what they saw and to indicate what they believed they had learned as a result of the field trip. During the discussion they are encouraged to identify similarities in the facilities provided in the home they visited to those they may have seen previously. The instructor may need to point out that facilities of this type are not just for the aged but are also available for persons whose convalescence may be exceedingly long, the chronically ill, or the terminally ill. The students are asked to cite other facilities within the community which make a contribution to the care of these types of patients.

From the class discussion the instructor will be able to determine the student's awareness of the available community facilities.

Teaching Materials

Freeman, Ruth B. Public Health Nursing Practice. Philadelphia: W. B. Saunders Company, 1957, pp. 142-146.

A discussion of some of the community resources for health care that are usually found.

Fuerst, Elinor V. and Lu Verne Wolff. Fundamentals of Nursing. Philadelphia: J. B. Lippincott Company, 1956, p. 18.

A brief description of nursing home facilities.

National Conference on Nursing Homes and Homes for the Aged. Washington: U. S. Department of Health, Education and Welfare. Public Health Service Publication No. 625, 1958.

A detailed report of the conference held in 1958.

"We Sent Mother to a Nursing Home," Saturday Evening Post, 228:47, June 23, 1956.

An article describing a search by a son for a suitable nursing home for his elderly mother who was a hemiplegic.

OBJECTIVE: Awareness of the available community facilities

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

As part of the discussion centered around the nursing care of patients with cardiac conditions, the instructor introduces the services of the American Heart Association in relation to these patients. The instructor divides the class into three groups. Each group is given the opportunity to select one cardiac condition from a previously prepared list. The groups are to present the etiology, symptomatology, particular nursing care considerations, and community facilities available to patients with this condition at the next class. The instructor points out that the American Heart Association is one source of services for individuals with cardiac problems.

The instructor evaluates the presentation of each group relative to the content included and whether or not they considered some of the printed materials which the association publishes. (i.e., The Heart of the Home and The Cook Book for Low Sodium Diet.)

Since the class is unable to observe a work simplification area sponsored by the local Heart Association, the filmstrip which demonstrates the principles of work simplification as applied in the heart kitchen, Heart of the Home, is shown after the group presentations. The instructor asks the students to tell how the service illustrated in the filmstrip, in addition to those they have presented, can contribute to the health of the community. Through the presentations of the students, the instructor determines if the students are aware of the facilities available in the community.

Teaching Materials

Callaghan, Jane. "Making the Cardiac Patient's Work Easier," The American Journal of Nursing, 55:950-952, August, 1955.

Nurses may help the homemaker to save time and energy by demonstrating how to apply the principles of work-simplification.

"Heart of the Home," filmstrip. Color, sound, 14 minutes. American Heart Association.

A filmstrip demonstrates the principles of work simplification as applied in the heart kitchen in New York.

The Heart of the Home. Booklet. New York: The American Heart Association.

A booklet written and illustrated for patients with specific directions and suggestions for work-simplification in the kitchen and other areas.

Shafer, Kathleen N. and others. Medical-Surgical Nursing. St. Louis: The C. V. Mosby Company, 1958, pp. 253-307.

A detailed discussion of patients with cardiac conditions and the nursing care for them.

Hasker, Reena R. The Cook Book for Low Sodium Diet. New York: The American Heart Association, Inc., 1956.

A recipe book with recipes for low sodium meals and an explanation of the need for this restriction.

OBJECTIVE: Appreciation of the contribution of health teaching in the promotion of health and the prevention of illness

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

In the classes in which personal hygiene and healthful living is under consideration, the instructor asks the members of the class to give examples of what they consider to be good personal hygiene and why they consider this important for healthy living. The students are expected to include the care of the skin, teeth, and hair, diet, activities and exercises, and care during menstruation. The students are encouraged to state how they acquired this knowledge and the value it has for them. The instructor points out that the teaching they have received in relation to personal hygiene since childhood is a form of health teaching.

Each student is asked to write a paper in which she explains to a child why personal hygiene is important and how to achieve it. Each student has freedom to select the method she desires in presenting the material, (i.e., writing a story, or writing it in the style of a letter).

The instructor evaluates the papers for content, clarity, and the reasons the student gives for the importance of good hygiene to determine the student's appreciation of this form of health teaching in the promotion of health and prevention of illness.

Teaching Materials

Diehl, Harold S. and Ruth E. Boynton. Personal Health and Community Hygiene. New York: McGraw-Hill Book Company, Inc., 1951.

A book written to familiarize nurses with the measures essential for the maintenance of health.

Johns, Edward B., Wilfred C. Sutton, and Lloyd E. Webster. Health for Effective Living. New York: McGraw Hill Book Company, Inc., 1954.

A guide for students which contains the basic factors producing good health.

Gallagher, J. You and Your Health. Chicago: Science Research Associates, 1950.

Written for young people, the book discusses personal hygiene, good health, and the reasons for good health.

OBJECTIVE: Appreciation of the contribution of health teaching in the promotion of health and the prevention of illness

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

During a class in which the comprehensive nursing care of the patient with a gastric ulcer is discussed, the instructor points out that "comprehensive" care includes meeting the physical, emotional, sociological, and spiritual needs of the patient. She points out that teaching the patient health measures can be one of the ways this can be accomplished. The students are then asked to discuss each of these aspects of care and to relate health teaching to them. In relation to one of these aspects of "comprehensive" care, the instructor plans for each student to accompany the teaching dietitian as she visits the patients. Prior to visiting the patients, the dietitian gives the student a brief history of each patient and indicates which of the patients had received dietary instruction on a previous admission and those who are new to the teaching program. The dietitian gives the student a list of reading references pertinent to the dietary teaching needs of all patients and particularly the patient who has an ulcer.

Following the observation visit with the dietitian, the student is asked to write a critique of the observations she made of the diet teaching. In this she is to indicate what she anticipates will be the result of teaching in relation to the health and prevention of illness in one of the patients she observed. The dietitian evaluates the critique with the student to determine if the student believes that health teaching does have value in promoting health and aiding in the prevention of illness.

Teaching Materials

Brown, Amy Frances. Medical Nursing. Philadelphia: B. W. Saunders Company, 1957, pp. 392-401.

A discussion of the treatment, nursing care, and teaching needs of the patient with peptic ulcers.

Crohn, B. P. Understanding Your Ulcer. New York: Sheldon House, 1950.

A book written by a doctor to be read by patients with ulcers.

New York Hospital-Cornell Medical Center. What You Should Know About Healing Your Ulcer. New York: The Center, 1952.

A booklet written for the patient with illustrations and discussions of the meaning, cause, treatment, and prevention of recurrences.

Collins, Gretchen E. "Do We Really Advise the Patient?", The Journal of the Florida Medical Association, 42:111-115, August, 1955.

A nutrition consultant with the Florida State Board of Health conducted a study and wonders if patients are really advised if they do not understand.

Morris, Ena. "How Does a Nurse Teach Nutrition to Patients?" The American Journal of Nursing, 60:67-70, January, 1960.

Miss Morris presents ways to approach patients which are based on learners needs and stresses teaching rather than preaching.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

In preparation for a class discussion on the admission care of patients, the students are asked to review the hospital orientation booklet which is given to each patient on admission to the hospital. In addition, the students are assigned the chapter on admission care in their textbooks. At the beginning of the class period, the students are asked to express their own reactions to the first day in the clinical area (i.e., fear, loneliness, excitement). As the students express their individual reactions the instructor lists them on the blackboard to illustrate one manifestation of how individuals differ. The students are then asked if they believe that patients who come to the hospital would be likely to have any of the same reactions. In the discussion which follows, the instructor points out that individual differences due to cultural background, age, sex, educational experiences, reasons for admission, and the number of previous admissions may influence the patient's learning in the hospital.

After the classroom discussion, each student is assigned in the clinical laboratory to admit two patients. Following the two admissions, the students do a self-evaluation of the procedures. The instructor in an individual conference with each student reviews the self-evaluation and asks the student to describe how and why the admission procedure, of necessity, was individualized for the patient. The student is also asked to speculate on this in relation to the patient's ability to learn while in the hospital setting.

Teaching Materials

"Cheer Up! More Hospitals are Saying So," The Journal of the American Medical Association, 162:1316-1317, December 1, 1956.

Hospital orientation booklets are believed to be of value to the patients and the hospital staff.

Fuerst, Elinor V., and Lu Verne Wolff. Fundamentals of Nursing. Philadelphia: J. B. Lippincott Company, 1956, pp. 163-170.

A discussion of the need for understanding of the learner and the learning process.

Price, Alice L. The Art, Science, and Spirit of Nursing. Philadelphia: W. B. Saunders Company, 1954, pp. 261-280.

Admission of the patient includes understanding the patient and knowing what information he needs to know.

"To Soothe Patient's Fears," The Modern Hospital, 86:6, May, 1956.

A New York City hospital gives the information which they include and their reasons for using an orientation booklet.

Berengarten, Sidney. "When Nurses Interview Patients," The American Journal of Nursing, 50:13-15, January, 1950.

The nurse's ability to establish and maintain sound interpersonal relationships with patients will determine the success of any interview. Interviewing here refers to two people talking things over and involves accepting and teaching the patient.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

The student is assigned to the arthritis clinic during the laboratory period to observe the medical treatment and nursing care of the arthritic patient. The clinic nurse gives the student a brief orientation to the program of the department and points out that in the clinic every attempt is made to individualize the patient's care according to his needs and abilities to learn. The student is then given the opportunity to observe how the care is individualized for two of the patients in the clinic that morning.

Following the observation, the student is assigned a written report which is to include a brief history of the patient and a comparison of the teaching which was done. The student is to give examples of how the teaching was done and to indicate how individual differences may have influenced the learning in the situation. The instructor will evaluate the paper in terms of the understanding of the individual differences and the influence of these differences upon learning demonstrated by the student.

Teaching Materials

Home Care in Rheumatoid Arthritis. New York: The Arthritis and Rheumatism Foundation, [n.d.]

A book which contains helpful suggestions for home care of the arthritic patient.

McDermott, Ita K. and Edith Wensley. "We Can Help Arthritic Patients," Nursing Outlook, 3:582-585, November, 1955.

The Visiting Nurse Association of Brooklyn, New York, reports that with the guidance of physical therapists, they were able to help some disabled arthritics to again become employed, and many others to become sufficiently self reliant to take care of their personal needs.

Tollefsrud, Valborg, E. "We're for Educating our Patients," The American Journal of Nursing, 56:1109-1110, August, 1956.

A report of the value of organizing materials to assist nurses in teaching patients and how this was recognized and a committee was formed in one hospital.

Windemuth, Audrey. The Nurse and the Outpatient Department. New York: The Macmillan Company, 1957, pp. 403-411.

A review of the information which is considered necessary for the arthritic patient who attends the clinic.

Mead, Margaret. "Understanding Cultural Patterns," Nursing Outlook, 4:260-262, May, 1956.

Cultural patterns are important in individual patient's responses and the patterns of the responses of the nurse.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

During the class in which the types and organization of various health agencies is discussed, the instructor points out the differences between the voluntary and official agencies and the national, state, and local organizations. The National Tuberculosis Association is used as an example to illustrate the contributions made by the community organizations on a national, state, and local level. The instructor then divides the class in two groups. One group is to contact the local chapter of the National Tuberculosis Association to find out what facilities are available for patients at the local level. The other group is to visit a mobile chest x-ray unit to investigate the function and use of this facility in promoting health and preventing illness. In the next class, the first group reports the facilities which are available at the local level and the second group reports on the contribution made by these facilities in the local community.

At the completion of the group reports the instructor and students discuss the contribution made by community agencies in teaching health. The students are also asked to cite examples of contributions made by other agencies within the local community.

Teaching Materials

Brandt, Edna J. "A Nurse Looks at Mass Chest X-ray Surveys," Public Health Nursing, 42:458-463, August, 1950.

The author describes how the role of the nurse in interpreting and encouraging such a health program is especially important.

Harmer, Bertha and Virginia Henderson. Textbook of the Principles and Practices of Nursing. New York: The Macmillan Company, 1955, pp. 21-53.

A discussion of the organizational structure and contributions of different types of health agencies and their relationship to nursing.

Lewis, Elva M. "Inter-agency Teamwork for Tuberculosis Control," Public Health Nursing, 42:453-457, August, 1950.

The report of a program initiated between a county health department and a tuberculosis sanitorium.

Spiegel, Mae O. "Organizing Community Resources to Meet Health Needs," Nursing Outlook, 4:272-273, May, 1956.

The author presents the role of the nurse as one who has a responsibility to teach, interpret, and interact with community health programs.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

In the gynecological unit, the film Breast Self-Examination is shown. Prior to viewing the film, the instructor points out that this film is made available for free showings by the American Cancer Society--a national voluntary health organization with local chapters. The instructor indicates that after the film is shown the students will be asked to cite some of the reasons the film was made, discuss the procedure for self-examination of the breast, and give examples of how this film could be used in health education.

A discussion of these points follows the viewing of the film. To emphasize the need for the nurse's knowing about breast cancer and self-examination and to summarize the pertinent points developed in the film, the pamphlet The Nurse and Breast Self-Examination is given to the students.

A short discussion follows in which the students with the instructor's guidance are helped to understand that the services offered by community agencies do promote health and that community agencies offer much in the way of teaching aids that can make health teaching more meaningful and effective.

Teaching Materials

"Breast Self-Examination," film. Color, sound, 16 minutes.
American Cancer Society.

A film for lay groups which shows the examination of
the breasts.

Brown, Amy Frances. Medical-Surgical Nursing II. Phila-
delphia: W. B. Saunders Company, pp. 680-686.

A discussion of the physical examination of the breast.

The Nurse and Breast Self-Examination. New York: The
American Cancer Society, 1952.

A pamphlet illustrating the proper positions and
procedures for breast self-examination.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

Prior to a class discussion of the nursing care of patients who are hospitalized for therapeutic and diagnostic procedures, the students are assigned the article by Kotzen, "Cheerful Instruction Sheets Boost Patient Morale." In addition they are to read the section on diagnostic and therapeutic procedures in the nursing arts text. In class, the instructor points out the many opportunities the nurse has to teach these patients general health measures and to inform them about the procedure they will have. She asks the students to cite possible reasons why these patients should be told about the procedure, (i.e., patients are usually less fearful of something they know about, they will be more cooperative, and better results may be obtained).

In the laboratory period, each student is provided an opportunity to observe one patient who is having a diagnostic or therapeutic procedure done (i.e., intravenous pyelogram, gastric analysis, colon x-ray, or Basal Metabolism Rate). They are to bring to the ward conference the answers to the following questions: (1) What should a patient such as this be told prior to the procedure? (2) Where would you obtain the information? (3) Why should the patient be given this information? In the ward conference, the class members share their answers and observations since they have seen a variety of procedures. The instructor evaluates their ability to identify opportunities for teaching by the class discussion in answer to the assigned questions.

Teaching Materials

Fuerst, Elinor V. and Lu Verne Wolff. Fundamentals of Nursing. Philadelphia: J. B. Lippincott, 1956, pp. 171-177.

The author discusses teaching as an integral part of nursing which includes the identifying of opportunities for this teaching.

Harmer, Bertha and Virginia Henderson. Textbook of the Principles and Practice of Nursing. New York: The Macmillan Company, 1955, pp. 570-607.

This book describes the responsibilities of the nurse which vary greatly in assisting with diagnostic tests, and why she must understand what her duties are and then explain the procedure to the patient.

Kotzen, Sanford, "Cheerful Instruction Sheets Boost Patient Morale," Hospital Management, 81:48-50, May, 1956.

A report of how preparing patients for diagnostic studies resulted in increased patient, less anxiety, and better public relations.

Scoggins, Marcella L. Cunningham. "Preparing Patients for X-Ray Examinations," The American Journal of Nursing, 57:76-79, January, 1957.

A discussion of the preparation of patients for x-ray examination including informing the patient as well as preparing him for it physically.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

The instructor invites the physical therapist to discuss Crutch Walking with the class. The physical therapist introduces the subject by demonstrating several unsafe and awkward maneuvers with a pair of crutches. He uses this to illustrate that some of the things they will see done by people with crutches might be the result of the fact that no one utilized the opportunities available to teach these persons the correct ways. He shows the filmstrip Crutch Walking to demonstrate the important principles a nurse should know in relation to the use of crutches. Included in his presentation is the need to modify the teaching for each person, safety suggestions, and other tips which may be valuable. The students practice the various gaits, walking on stairs, and getting in and out of bed using the crutches. The physical therapist supervises these activities and offers suggestions of how these activities can be taught to patients.

Following the classroom period, each student is assigned to observe a patient for whom crutche walking has been prescribed. The student is to identify the teaching opportunities inherent in the situation and discuss them with the therapist. The instructor will review with the therapist the observations and suggestions the student makes to determine her ability to identify health teaching opportunities with patients who must learn to use crutches.

Teaching Materials

Arey, Margaret S. "Walking with Crutches," Nursing World, 126:36-39, November, 1952.

A concise, illustrated article presenting the actual gaits used and safety factors for patients.

Larson, Carroll B., and Marjorie Gould. Calderwood's Orthopedic Nursing. St. Louis: The C. V. Mosby Company, 1957, pp. 117-194.

A discussion of the preparation for crutch walking and the procedures used.

"Teaching Crutch Walking," filmstrip. Black and white. 48 frames. United World Films.

A teaching filmstrip on crutch walking; shows the team concept, the physical-therapist, the nurse, the patient, conditioning exercises, pre-crutch walking and actual gaits.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

Prior to the discussion of communicating with other members of the health team through nurses' notes and the nursing care plan, the instructor assigns the students the section in their nursing arts text which discusses charting and nursing care plans. The instructor brings to the classroom samples of charting and nursing care plans obtained from the wards. Some of the examples are clear and comprehensive and others are ambiguous and incomplete. The students are asked to point out those they believe are inadequate in terms of communication, indicate why they consider them inadequate, and make suggestions for improving these so that they could serve as a method of communication. The instructor points out that health teaching is not shared with other members of the health team if the mode of communication is ineffective. She also points out that it is impossible to provide continuity of care for the patient if the charting and notations on the nursing care plan are incomplete or ambiguous.

Following the classroom discussion, each student is assigned to a patient and told that the instructor will note her charting and notations on the nursing care plan. The instructor evaluates the records completed by the student to determine her ability to communicate and share knowledge by the content included and the way the content is stated in the charts and nursing care plan.

Teaching Materials

Fortune, Gwendolyn. "Nursing Care Plans," The American Journal of Nursing, 55:1082-1084, September, 1953.

The author describes how progress in teaching the patient should be noted in the individual nursing care plan.

Fuerst, Elinor V. and Lu Verne Wolff. Fundamentals of Nursing. Philadelphia: J. B. Lippincott, 1953, p. 176.

A brief section presenting the need for recording the progress of teaching.

Jackson, Joan. "Communication is Important," The American Journal of Nursing, 59:90-93, January, 1959.

The author presents the nurse's role in hospital staff and patient relationships which may be resolved by clearing channels of communication.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

A discussion of the use of the nursing care plan in communicating with other members of the health team is held in a ward conference. The instructor asks the students to give examples from their own experiences when health teaching was reported on the care plan adequately, inadequately, or was omitted. The student is also to give some examples of the effect of this type of reporting on the care of the patient.

After the ward conference, each student is assigned to develop a nursing care plan for a patient she is caring for. The instructor reviews the plan with the student to determine the use of information from other team members in developing the plan, the clarity and completeness of the plan for the comprehensive nursing care of the patient, and the usefulness of the plan in implementing continuity of nursing care.

Teaching Materials

Harmer, Bertha and Virginia Henderson. Textbook of the Principles and Practice of Nursing. New York: The Macmillan Company, 1955, pp. 84-106.

The authors discuss at length the planning and writing of nursing care plans.

Leino, Amelia. "Individual Plan for Nursing Care," The American Journal of Nursing, 52:325, March, 1952.

An article describing how a written, individualized plan for each patient helps to insure safety, continuity, and cooperation.

Wimmer, Lynn C. "Are you Communicating," Hospitals, 25: 62-63, August, 1951.

A discussion of how it is essential to effective communication that what is written is readable and understandable.

OBJECTIVE: Ability to do health teaching through the application of basic scientific knowledge

CLINICAL

AREA: Nursing Fundamentals

First Level Learning Experience

In preparation for a classroom discussion on the pre and post-operative care of patients, the instructor assigns the students to read the pamphlet, Your Operation, and the section on their textbooks on the care of surgical patients. In the class following, the discussion led by the instructor includes socio-psychological preparation, physical preparation, and the teaching of patients. The students are asked to relate the factors that are important to remember when caring for a patient before and after surgery contained in the assigned readings. The instructor points out that one of the ways in which a nurse may help a patient pre-operatively may be to help him talk about his fears. In addition to the socio-psychological preparation, the students and instructor discuss the necessary physical preparation as well as the reasons for the preparation, (i.e., preparation of the skin, preparation of the bowel, preoperative medications). The need to help the patient understand what to expect post-operatively as well as teach the patient to help himself to recovery is discussed. Relative to this, the students discuss the need to teach the patient about coughing, turning, deep breathing, and ambulation, prior to the surgical procedure.

Following the class period, the student is assigned to give the pre-operative care to a patient who is to have an appendectomy. She is to keep a record of the care given to the patient and include the teaching that she was able to do in relation to physical and emotional preparation of the patient for surgery. The instructor observes the student giving the pre-operative care, to determine if the explanations she gives the patient relative to the procedures performed (i.e., the enema, having him void, and the pre-operative medication) were based on sound, scientific knowledge.

Teaching Materials

Bird, Brian, "Psychological Aspects of Pre-operative and Post-operative Care," The American Journal of Nursing, 55:685-687, June, 1955.

The author believes that the most important psychological assistance the nurse can give is to keep the lines of communication open.

Cunningham, Robert M. Your Operation. Washington: Public Affairs Pamphlet No. 267. [n.d.]

A booklet written to help patients understand the various aspects of surgery.

Harmer, Bertha and Virginia Henderson. Textbook of the Principles and Practice of Nursing. New York: The Macmillan Company, 1955, pp. 989-1049.

A detailed discussion of preoperative and post-operative nursing care.

Wandelt, Mabel, "Teaching is More than Telling," The American Journal of Nursing, 57:625-626, May, 1957.

Describes how asking significant questions to determine what the individual already knows is requisite to presenting information.

Shafer, Kathleen N., and others. Medical-Surgical Nursing. St. Louis: The C. V. Mosby Company, 1958, pp. 636-638.

A brief discussion of appendicitis and an appendectomy.

OBJECTIVE: Ability to do health teaching through the application of basic scientific knowledge

CLINICAL

AREA: Medical-Surgical Nursing I

First Level Learning Experience

Following a class discussion on the nursing care of a colostomy patient, the instructor informs the students they are to prepare to role play a situation which involves the teaching of a colostomy patient, in the ward conference the following day. One student will be asked to play the role of the patient who is taught by a different nurse each day. Each nurse is assigned to do some aspect of teaching to correspond to a particular day in the hospitalization of the patient. One nurse is assigned to begin the teaching by introducing the subject of colostomy to the patient as a means of ascertaining the patients adjustment to his condition. Topics to be included in the teaching by the various nurses on the succeeding days include the use of dressings and how to irrigate the colostomy, personal hygiene, diet, and activities, and a review of the teaching which might be done just prior to discharge. The student who is assuming the role of the nurse doing the teaching for the various days is expected to utilize information about community facilities and their contributions, and the modification of equipment for home use. In this role, she is also to explain the reasons for procedures she is teaching the patient.

After the role play situations, the class discusses the reasons given by the nurses, (i.e., reasons for a regular time daily for the irrigation, anatomical reasons for introducing the irrigating tip in a certain way), and the overall teaching to the patient. The instructor observes the role playing to determine the student's ability to teach a colostomy patient and apply knowledge of the procedure and the implications for care.

Teaching Materials

Care of Your Colostomy. [n.p.] American Cancer Society.
[n.d.]

A booklet written for patients containing specific suggestions and illustrations for home care.

Dubois, Eoline C. "Hints on the Management of a Colostomy," The American Journal of Nursing, 55:71, January, 1955.

A doctor offers practical suggestions for the management of a colostomy.

Evarista, Sister M. "The Nurse's Role in Caring for Patient's with Colostomies and Ileostomies," Nursing World, 130:21-23, November, 1956.

A discussion of what the nurse needs to know to help plan for total patient care--including teaching the patient.

Ingles, Thelma, and Emily Campbell. "The Patient with a Colostomy," The American Journal of Nursing, 58:1544-1546, November, 1958.

A description of how the nurse needs more than a knowledge of special therapeutic procedures for good care, for she must understand the patient's feelings and her own.

Shafer, Kathleen N, and Others. Medical-Surgical Nursing. St. Louis: The C. V. Mosby Company, 1958, pp. 659-667.

A discussion of the nursing care and teaching of patients with colostomies.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Medical-Surgical Nursing II

Second Level Learning Experience

In class, the students are given time to develop an outline of a guide for teaching diabetic patients in the ward situation. The instructor checks the outline with the students to determine that the following are included: general knowledge of the disease, urine testing, diet, insulin administration, general health practices, and facilities available through community agencies.

After the guide has been developed, the student is assigned to care for a diabetic patient and to plan the teaching necessary for this patient.

In a ward conference following the laboratory period, the student is asked to describe how she adapted the guide for the particular patient and why the adaptations were necessary. The instructor evaluates the student's understanding of individual differences and the influence of these differences on learning by the student's explanation of how and why the guide was adapted for the particular patient.

Teaching Materials

A Pocket Reference for the Diabetic. Indianapolis, Indiana: Eli Lilly and Company, [n.d.].

A detailed discussion of diabetes and self care, written for the patient.

Brown, Amy Frances. Medical Nursing. Philadelphia: W. B. Saunders Company, 1957, pp. 569-605.

A comprehensive presentation of the disease process including teaching the patient about the disease.

A Handbook for Diabetics. [n.p.] Squibb Publishing Company. [n.d.]

A book written for patients which describes the various aspects of diabetic care.

Rosenthal, Helen, and Joseph Rosenthal. Diabetic Care in Pictures. Philadelphia: J. B. Lippincott Company, 1953.

A book with simplified discussions and illustrations to be used by the patient.

Taking Care of Diabetes. Washington: U. S. Department of Health, Education and Welfare. Public Health Service Publication No. 567, 1957.

An illustrated booklet prepared especially for the person who has diabetes and for his family.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Maternity Nursing

Second Level Learning Experience

The instructor arranges for the student to attend one of the classes given for expectant parents by the obstetric department. The instructor suggests to the student that in addition to noting the content presented in the class she observe the differences in the couples and how this appears to influence their understanding of what is being presented. The student is also assigned a written critique of the class which includes an evaluation of the content presented and an evaluation of the methods and techniques to teach couples of varying backgrounds and age groups. She is to support her statements with specific examples to indicate how differences and obstacles to learning--such as shyness, educational background, and language barriers may influence the methods and techniques used.

The instructor and student discuss the critique together to determine if the student understands that individual differences may influence learning.

Teaching Materials

Davis, M. Edward, and Catherine E. Sheckler. De Lee's Obstetrics for Nurses. Philadelphia: W. B. Saunders Company, 1957, pp. 133-146.

A discussion which presents the various classes in the education of parents.

Hillard, Beatrice R. "Teaching Patients in a Maternity Pavillion," The American Journal of Nursing, 56:324-326, March, 1956.

A New York hospital reports on a teaching program for parents.

Meaker, Samuel R. Preparing for Motherhood; A Manual for Expectant Parents. Chicago: Year Book Publishers, 1956.

A book written for expectant parents discusses the physical and emotional aspects of parenthood.

Murphy, Marion and Winifred Fisher. "Preparing to Teach Organized Community Groups," Nursing Outlook, 2:133-35, March, 1954.

A report of how the students in public health nursing chose a topic, developed objectives and planned and evaluated the teaching of a course.

U. S. Children's Bureau. Prenatal Care. Washington: U. S. Government Printing Office. Children's Bureau Publication No. 4, 1949.

A book which gives information on pregnancy and care of the newborn infant.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Nursing of Children

Second Level Learning Experience

In class the instructor explains the pre-admission orientation available for children who are to have tonsillectomies in the near future. She explains to the students that during the orientation, the child and his parents are shown a child's room, the operating room, and the pediatric waiting room where books, a phonograph, and records are available for the children. The library of children's books includes several about tonsillectomies which the parents may check out and read to the child. Arrangements for each student to attend the orientation program are made so that they can observe how the child and his parents are prepared for the experience of hospitalization.

After all students have attended the orientation program, the instructor begins the class by playing the record, Peter Ponsil Lost His Tonsil. The students are asked to evaluate this record in terms of the age of the child for which this would be most meaningful as a teaching device. The students and instructor also discuss how the pre-admission orientation program is planned so that it is at the level of the child's understanding. The students are then asked to list on the blackboard the books available for the two year old, the three year old, etc., and to explain why these books would be applicable to the age level. The students are helped to understand that the differences in each child (i.e., age, growth, and development, culture) have influence on their learning in this situation.

Teaching Materials

Chase, Francine. A Visit to the Hospital. New York: Grossett and Dunlap, Inc., 1957.

A book written for both parents and children to help prepare the child for hospitalization and the operative procedure.

Going to the Hospital. (Color book) Oakland, California: Children's Hospital of East Bay.

A color book prepared by Children's Hospital illustrating the occurrences in the hospitalization of a child who has his tonsils out.

Gregg, John B. "Post-Adenotonsillectomy Home Care," General Practitioner, 19:92-94, January, 1959.

A physician suggests printed instructions for home care during the post-operative period.

Jeans, Philip C., F. Howell Wright, and Florence G. Blake. Essentials of Pediatrics. Philadelphia: J. B. Lippincott Company, 1954, pp. 280-282.

A discussion of the needs of the child in preparation for the tonsillectomy procedure and the nursing care of children post-operatively.

"Peter Ponsil Lost His Tonsil," record. 45 rpm. Mercury Recording.

A record in which a little boy sings the story of his visit to the hospital to have his tonsils out.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Medical-Surgical Nursing II

Second Level Learning Experience

During the discussion of the nursing care of patients who have had laryngectomies, the instructor points out the need for rehabilitation and teaching of this type of patient, and the contributions made by the community agencies in both of these areas. The activities of an organized group in the community composed of "laryngects" or post-larygectomy patients is discussed. The instructor assigns two members of the class to attend one of the meetings so that they may report to the entire class the information they obtain about the group. The two who attend are to find out about the activities of the group and to report back on how this information could be used in teaching patients in the hospital situation.

In a ward conference following the meeting, the two students report to the class the requested information. One of the things they report is that members of the group who speak with esophageal speech are willing to visit hospitalized patients both pre and post operatively. The instructor asks the class to discuss whether or not they believe this would be helpful to a patient preoperatively and why. The instructor also emphasizes the other ways the members of this group contribute to teaching health to laryngectomy patients after the reporters tell how the club members have devised methods to cover the tracheal opening when showering, care in cold weather, and other cosmetic and safety features. The students are asked to tell of similar groups which teach health to a community group, to determine their understanding of this and other facilities.

Teaching Materials

Brown, Amy Frances. Medical-Surgical Nursing II. Philadelphia: W. B. Saunders Company, 1959, pp. 810-812.

A discussion of the nursing care of a patient who has had a laryngectomy includes pre and post-operative teaching.

Jimison, Carmin. "Nursing the Patient After Laryngectomy," The American Journal of Nursing, 57:741-743, June, 1957.

The author describes how rehabilitation and teaching are important consideration in caring for these patients.

King, Herbert, "I Lost My Voice to Cancer," The Saturday Evening Post, 229:20-21, September 1, 1956.

The author, who is a "larynject," tells of learning to speak again through the classes in esophageal speech sponsored by the Lost Chord Club.

OBJECTIVE: Understanding of how community facilities can be used in teaching health

CLINICAL

AREA: Maternity Nursing

Second Level Learning Experience

In a class discussion of the various social and welfare agencies in the community which serve the pregnant women, the needs of the unmarried mother for maternity care and provision for adoption are included. The instructor points out that several agencies in the community offer facilities for this type of care. Each of the students is then assigned to visit one of the homes. The students may visit either a Florence Crittenton Home, a Salvation Army Home or a home for unwed mothers sponsored by a church group. The students are asked to find out what facilities the home offers, who is eligible, the cost, and provisions for adoption of the child.

In a ward conference after the students have visited the various homes, the students are asked to compare and contrast the psychological and physical care given to the mothers in the homes. From the class reports, the instructor evaluates their knowledge of community facilities for unwed mothers and how these may be used in teaching health.

Teaching Materials

Block, Babette. "Unmarried Mother," Public Health Nursing, 43:375-381, July, 1951.

A social worker discusses some of the factors involved in an illegitimate pregnancy.

Davis, M. Edward and Catherine E. Sheckler. DeLee's Obstetrics for Nurses. Philadelphia: W. B. Saunders Company, 1957, pp. 155-156.

A brief discussion of some of the social welfare agencies in the community which offer physical and emotional assistance to unmarried mothers.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Nursing of Children

Second Level Learning Experience

A field trip is arranged to one of the nearby state institutions for mentally retarded children. Prior to the trip, the instructor informs the students that the educational director there will talk with them during the tour and answer their questions. While touring the institution, the educational director points out the available facilities, types of activities for the patients, and the method and criteria of admission.

After the field trip, the students will discuss in a ward conference the facilities offered at the hospital they visited. The instructor evaluates the students understandings by asking them to compare this institution with other similar facilities they have discussed in class or read about. In addition, the instructor gives a one question quiz. The question is: 'Discuss how you would explain to the parents of a child who is going to the State Hospital for Retarded Children the facilities and what they can expect for their child.'

Teaching Materials

Heiser, Karl F. Our Backward Children. New York: W. W. Norton and Company, 1955.

A book written to help parents whose children are mentally retarded. Differential diagnosis, treatment, and care available are discussed.

Jeans, Philip C., F. Howell Wright, and Florence Blake. Essentials of Pediatrics. Philadelphia: J. B. Lippincott, 1954, pp. 383-389.

A brief discussion of mental deficiency in children, their prognosis, and management.

Kirk, Samuel A., Merle B. Korner, and Winifred D. Kirk. You and Your Retarded Child. New York: The Macmillan Company, 1955.

A book written for parents of retarded children and professional people who advise them.

Micheal-Smith, Harold. The Mentally Retarded Patient. Philadelphia: J. B. Lippincott Company, 1956.

Information is given on the classification of mental retardation, vocational opportunities, and institutions caring for these persons.

Teaching Materials

Brown, Amy Frances. Medical Surgical Nursing II. Philadelphia: W. B. Saunders Company, 1959, pp. 763-764.

A description of the lens and the nursing care of patients with eye surgery.

Kelsey, Laura E. "An Orientation Chat With a Cataract Patient." RN, 17:52-57, August, 1954.

A conversation between a nurse and a patient who has numerous questions prior to surgery.

Rothenberg, Robert E. Understanding Surgery. New York: Pocket Books, Inc., 1955, pp. 45-54.

A list of questions and answers patients often ask about cataract surgery.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Medical-Surgical Nursing II

Second Level Learning Experience

In the classroom, the nursing care of patients who are to have eye surgery is discussed. The need of this type of patient for teaching is included in the discussion. A post-surgical patient who had a lens removed is invited to the class. The instructor explains to the patient that she wishes him to come to the class and tell the students what things he appreciated being told both before and after surgery. In the classroom, the patient is encouraged to discuss what he was told prior to his surgery about the limitation of movement, the need for his eyes being covered, and being fed when he could not see. The patient is then returned to his room. The instructor and students then discuss the pertinent pre and post-operative aspects of nursing care.

Each student is assigned to a patient who is to have eye surgery and is to prepare a nursing care plan for this patient. She is to care for the patient both before and after surgery. The instructor reviews the nursing care plan with the student to determine if the student identified the patient's nursing needs and opportunities for teaching.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Maternity Nursing

Second Level Learning Experience

The instructor reiterates that maternity nursing offers many excellent opportunities to teach mothers about good health for themselves and their babies. As an example, the instructor points out that the answers given to the questions mothers ask is one opportunity to do health teaching. Prior to the class discussion, the students were assigned to read "Mothers Ask Us," by Bierbauer to acquaint them with the types of questions they might be asked, by the mothers they are currently caring for. In the class, the students are asked to list some of the aspects of infant care they believe should be included in "going home instructions". The instructor lists these on the blackboard. After the list is compiled, the instructor asks the students to explain why they selected the particular aspects they did. The students are also asked to explain where they would secure information relative to these aspects.

During the laboratory period, each student is assigned a mother who is being discharged to go home. The instructor observes the student preparing the mother and baby for discharge.

The instructor evaluates the student on her ability to not only recognize but utilize this opportunity to teach the mother health measures related to both herself and her baby.

Teaching Materials

Corbin, Hazel. "Pregnancy - A Time to Teach," Briefs, 20:108-111, September, 1956.

The author suggests that because the parents have a desire for knowledge, the opportunity should be utilized.

Spock, Benjamin. The Pocket Book of Baby and Child Care. New York: Pocket Books, Inc., 1955.

A well indexed reference containing answers for most questions which may be asked.

Bierbauer, Elaine B. "Mothers Ask Us," The American Journal of Nursing, 53:831-833, July, 1953.

A report of how valuable information which maternity patients wanted was gathered by listening to them and recording their questions.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Nursing of Children

Second Level Learning Experience

The instructor points out the need for students to identify opportunities for teaching health to children and their parents while the child is being treated in the hospital or clinic. She assigns each student to observe the care given to children in the pediatric clinics. The student is asked to select three children and write a brief report of the reasons for the child's clinic visit, the opportunities identified for teaching, and how these opportunities were met in the clinic situation.

In a ward conference, the students are asked to present from their observation reports the teaching opportunities they identified and how these were met. The instructor makes it a point to ask them if the parents were present and/or included in the teaching and whether or not they recall similiar teaching opportunities on the pediatric wards.

The students' reports and class participation are used to evaluate their ability to identify teaching opportunities in the pediatric clinics.

Teaching Materials

Bird, Brian, Talking with Patients. Philadelphia: J. B. Lippincott Company, 1955, pp. 130-144.

A discussion on the importance of being able to talk with parents.

Windemuth, Audrey. The Nurse and the Outpatient Department. New York: The Macmillan Company, 1957, pp. 437-462.

A description of the health teaching opportunities in a pediatric clinic.

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OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Medical-Surgical Nursing II

Second Level Learning Experience

In the classroom, the instructor opens a discussion of the need to communicate with other members of the health team by reading from a letter the following excerpt:

I understand that Mr. Peel, age 77, was a patient at the medical center and was discharged to our convalescent home. We have been unable to find any written instructions he may have been given and he insists that you told him how to care for the catheter and how to do the irrigations. We should appreciate knowing what this patient has been taught and we will attempt to review this with him before he goes home.

During the discussion that follows, the students are encouraged to express their opinions relative to the information they believe should be sent with a patient who is being discharged to a convalescent home. Following this discussion, the instructor and students evaluate the ways this information may be sent (i.e., telephone, mail, or given verbally to the patient). A sample copy of a referral form is given to the students to illustrate one of the methods used. The form is discussed in terms of its adequacy as an agent of communication. The student uses the sample form to illustrate what she would include if one of the patients she is currently caring for were to be discharged to a convalescent home.

The instructor evaluates the referral form prepared by the student to determine her ability to communicate and share knowledge of health teaching with the other members of the health team who are going to be caring for this patient.

Teaching Materials

Harmer, Bertha and Virginia Henderson. Textbook of the Principles and Practices of Nursing. New York: The Macmillan Company, 1955, pp. 177-181.

Referral forms are presented in a section on the discharge of hospital patients.

Leahy, Kathleen M. and Aileen Tuttle Bell. Teaching Methods in Public Health Nursing. Philadelphia: W. B. Saunders, 1952, pp. 14-17.

A discussion of referral systems in hospitals and health agencies and illustrations of these forms.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Maternity Nursing

Second Level Learning Experience

Prior to a discussion of community facilities and agencies related to maternity nursing, the students are assigned to read about the Visiting Nurse Association, Homemaker Services, and other facilities in the local community. A public health nurse leads the discussion of the available facilities in the area and asks the students to discuss the use of referrals for maternity patients and to give examples of what should be included on the referral form. The public health nurse shows the class the special forms used by the hospital in making referrals for maternity patients. At this time a copy of a patient situation is distributed. Each student is asked to use the patient situation sheet as a basis for the information needed to complete the referral form. The forms are collected at the end of the class period and the instructor and the public health nurse evaluate the student's ability to communicate the teaching they believe should be shared with other members of the health team through the use of a referral form.

Teaching Materials

Davis, M. Edward, and Catherine E. Sheckler. DeLee's Obstetrics for Nurses. Philadelphia: W. B. Saunders Company, 1957.

A discussion of referrals in maternity nursing to social service.

Freeman, Ruth B., Public Health Nursing Practice. Philadelphia: W. B. Saunders Company, 1957, pp. 258-261.

The author presents interagency referrals as an important part of cohesive patient care.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Nursing of Children

Second Level Learning Experience

The pediatric resident lectures on medical treatment and nursing care of patients with congenital bone and soft tissue deformities. At the completion of the lecture the instructor asks the students to be prepared to participate in a discussion of the teaching needed by both children and their parents which will be held during the ward conference. The students are to bring specific suggestions for content they believe should be included in teaching a child and his parents if the child is to be discharged wearing a cast.

In the ward conference, the class is divided into two groups. Each group is to develop a teaching plan for a child who is to be discharged wearing a cast, based on the suggestions brought to class. The instructor asks the students to discuss how they could use these suggestions in sharing the teaching with other members of the health team--such as placing the information from the plan on the nursing care plan, reporting to the team or group leader, and including the information on a referral form if the child is going to a rural area.

During the laboratory period, the student is assigned a child who is to be discharged home with a cast. The student is not only to plan the teaching, using the suggestion list developed in class as a guide, but also to teach the child and/or his parents.

The instructor attends the team conference to determine if the student communicates the health teaching done to the leader and members of the nursing team.

Teaching Materials

Johnson, Jean E. "Students Teach Their Patients," Nursing Outlook, 2:319-320, June, 1954.

A report of how the nursing students at one medical center developed a booklet as a class project.

Kerr, Avice. Orthopedic Nursing Procedures. New York: Springer Publishing Company, Inc., 1959, pp. 351-360.

A brief outline of home-care instruction for orthopedic patients.

Larson, Carroll B., and Marjorie Gould. Calderwood's Orthopedic Nursing. St. Louis: The C. V. Mosby Company, 1953, pp. 99-125.

A discussion of the nursing care of cast patients with a section on instructions of parents.

Lyon, Robert A. and Elgie M. Wallingen. Mitchell's Pediatrics and Pediatric Nursing. Philadelphia: W. B. Saunders Company, 1954, pp. 222-223.

The author gives suggestions for advice to parents when a child is discharged from the hospital.

OBJECTIVE: Ability to do health teaching through the application of basic scientific knowledge

CLINICAL

AREA: Medical-Surgical Nursing II

Second Level Learning Experience

Prior to the class discussion on the nursing care of the patient who has had a cerebral vascular accident, the students are assigned to read the booklet, Strike Back at Stroke, which illustrates activities for patients and gives suggestions for home care. At the beginning of the class, the physical therapist demonstrates and discusses passive and active exercises, positioning, and other activities which the nurse may perform in the care of a patient with a cerebral vascular accident. Following the demonstration, the students discuss in addition to activities and ambulation, all other aspects of the nursing care given to these patients. The instructor points out that the patient and his family have a need to know how to modify what has been taught in the hospital to the home situation. The instructor aids the students in identifying the nursing care related to caring for the patient with a cerebral vascular accident. In addition, the sequels of cerebral vascular accidents (i.e., hemiplegia, aphasia, etc.) is discussed.

The student is then assigned to care for a patient who has a cerebral vascular accident. During the time she is caring for the patient, the student is to formulate a teaching plan applicable to the particular patient. The student is observed giving care to the patient. The instructor evaluates the student's ability to do health teaching and how she applies the knowledge of this condition in preparing the patient and his family for adjustment to life outside the hospital.

Teaching Materials

Brown, Amy Frances. Medical-Surgical Nursing II. Philadelphia: W. B. Saunders Company, 1959, pp. 458-468.

A discussion of the nursing care of a patient who has had a cerebral vascular accident, including retraining and teaching.

Smith, Genevieve W. "A Stroke Is Not the End of the World," The American Journal of Nursing, 57:303-305, March, 1957.

The author describes how preparation of the hemiplegic and his family can mean a self-sufficient and contented life for the patient.

Strike Back at Stroke. Washington: U. S. Department of Health, Education, and Welfare. Public Health Service Publication No. 596, 1958.

A booklet prepared to help the doctor show what can be done for the stroke patient at home. Pictures and instructions are included.

Strokes. New York: American Heart Association, 1958.

A guide for the family which gives a brief description of what a stroke is and some suggestions for rehabilitation.

OBJECTIVE: Ability to do health teaching through the application of basic scientific knowledge

CLINICAL

AREA: Maternity Nursing

Second Level Learning Experience

Prior to the demonstration of the infant bath, the students are assigned to read the procedure in the procedure book. On the ward, the instructor demonstrates the infant bath. While bathing the infant, the instructor asks the class to point out the differences in this procedure from the one followed in giving an adult bath and to give the reasons for these differences (i.e., differences in size, condition of the skin, reaction of the patient).

Since an infant bath demonstration is given to the mothers in the maternity department, the instructor asks the students to cite probable questions which may be asked at this time and to indicate how they would answer these questions.

Each student is then assigned to give an infant bath demonstration to a group of mothers. The instructor observes the student while bathing the infant to determine if through the demonstration of infant bathing and the discussion with the mothers during this demonstration she exhibits the ability to use scientific knowledge in health teaching situations.

Teaching Materials

Davis, M. Edward and Catherine E. Sheckler. DeLee's Obstetrics for Nurses. Philadelphia: W. B. Saunders Company, 1957, pp. 280-287.

A discussion of the infant bath as one part of teaching during the post partum period.

Millsap, Juanita G. "Teaching is a Part of Nursing," The American Journal of Nursing, 53:54-55, January, 1953.

Describes how the senior students in one school planned, organized, and carried out the teaching program of classes for mothers.

Wilson, Emma F., Mildred E. Gilpatrick, Frances L. Boyle, and Susan G. Campbell. "Teaching Students to Teach," Nursing Outlook, 1:79-82, February, 1953.

A discussion of the teaching program for mothers at Cornell University.

OBJECTIVE: Ability to do health teaching through the application of basic scientific knowledge

CLINICAL

AREA: Nursing of Children

Second Level Learning Experience

The booklet, If Your Child Has Rheumatic Fever, and the section in their textbook on rheumatic fever has previously been assigned as required reading. Following a discussion of the etiology, symptoms, medical care, drug therapy, and nursing care of the patient with rheumatic fever, the instructor asks the students to list which of these factors the child's parents should be told. The instructor points out that many parents need to know what causes rheumatic fever and why the physical limitations and changes in the child's life are necessary. Some of the areas which are emphasized as being important for the parents are diet, activities and activity needs of the child in bed, drugs, prevention of complications, and physical signs to watch for. Some of the printed materials available for distribution to parents and children is brought by the instructor so that the students may become acquainted with it.

The student is assigned to care for a child who has rheumatic fever and to plan for teaching the child and/or his parents. The instructor reviews the proposed plan with the student and observes the teaching done as a means of determining if the student applies scientific knowledge in the teaching of this child and/or his parents, (i.e., the relationship of an increased pulse rate to fatigue, importance of protecting the child from chilling, the reasons for maintaining the child on prophylactic Penicillin).

Teaching Materials

Dodds, Maryelle. Have Fun . . . get well. New York: American Heart Association, 1956.

Written by an occupational therapist, the booklet provides activity suggestions for bedfast children.

If Your Child has Rheumatic Fever. New York: American Heart Association, 1957.

A basic description of rheumatic fever written particularly for parents.

Jeans, Philip C., F. Howell Wright, and Florence G. Blake. Essentials of Pediatrics. Philadelphia: J. B. Lippincott, 1954, pp. 588-597.

Describes the medical treatment and nursing care of rheumatic fever.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Psychiatric Nursing

Third Level Learning Experience

The student spends a day observing with a social worker as she plans with the patients and/or families for discharge and follow-up care. The social worker asks the student to select two situations observed that day and to keep an incident record of these. The student is directed to pay particular attention to the teaching needs of psychiatric patients and how differences in the patients as well as their mental status may influence learning.

After the observations with the social worker, a psychologist, serving as a resource person, leads the classroom discussion. The observations made are used as a basis for the class discussion. The psychologist points out the teaching which the nurse should consider in mental health and mental illness, and the need for the nurse to understand the vast differences in patients and their families so that the teaching will be effective.

The instructor evaluates the student's understanding of the individual differences of patients in psychiatry and how these differences may influence learning by her classroom participation and incident records.

Teaching Materials

Bird, Brian. Talking With Patients. Philadelphia: J. B. Lippincott Company, 1955, pp. 47-55.

A short discussion about conversing with the guilty patient, the depressed suicidal patient, and the mentally ill patient.

Kalkman, Marion E. Introduction to Psychiatric Nursing. New York: McGraw-Hill Book Company, Inc., 1958.

Included in the part entitled 'Understanding the patient', are the foundations of personality and the influence of the various phases of development.

Peplau, Hildegard E. Interpersonal Relations in Nursing. New York: G. P. Putnam's Sons, 1952, pp. 73-157.

Part two of this text identifies those psychobiological experiences that influence the functioning of personalities.

Schwartz, Morris S. and Emmy Lanning Shockley. The Nurse and the Mental Patient. New York: Russell Sage Foundation, 1956, pp. 218-243.

A detailed discussion on understanding the patient and communicating with the patient.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Public Health Nursing

Third Level Learning Experience

The students each spend a day observing with a public health nurse working in the school program. The public health nursing instructor informs the students that they are to share the information from the observations by role playing some of the situations of teaching which they saw. Those students who do not participate will comprise the critical audience and evaluate the presentations of the others. The situation which the instructor has chosen for the role play situation includes a school nurse, a teacher, and the mothers of two children in the class. The teacher reports to the nurse that the records which were returned indicate that Sandy Lee and Larry Green have not had diptheria inoculations but their mothers have been asked to come to the school to talk with the nurse. The teacher informs the nurse that she believes that the families of these children object to inoculations for religious reasons; however, there are several cases of diptheria in the locality. The student who has the role of the public health nurse is to talk with the mothers relative to this problem.

The audience observers will evaluate both the content of the presentation and the players interpretation of the teaching to the two mothers. In addition to the student evaluations, the instructor evaluates their presentations to determine their understanding of individual differences and how these influenced the learning of the two women. The instructor asks them to give additional examples which illustrate these differences.

Teaching Materials

Freeman, Ruth B. Public Health Nursing Practice. Philadelphia: W. B. Saunders Company, 1957, pp. 54-55.

A description of nursing in schools as an example of a specialized area of public health nursing.

Swanson, Marie. School Nursing in the Community Program. New York: The Macmillan Company, 1953.

A discussion of the role of the nurse in the school, which includes appraisal and assistance with pupils, general health supervision, and education, and working in special situations.

OBJECTIVE: Understanding of individual differences and how these differences may influence learning

CLINICAL

AREA: Medical-Surgical Nursing III

Third Level Learning Experience

In preparation for team leader experience a seminar discussion of the philosophy of team nursing, functions of the team members, and plans for effective team organization is held. The filmstrip, Team Relationships in Nursing Care, is shown. The instructor introduces the filmstrip and asks the students to observe for those particular things that identify the role of the team leader.

The student is then assigned as team leader on the ward. Following this assignment, she is instructed to prepare a written evaluation of the members of the team which she directed. The instructor and student in an individual conference discuss this evaluation. The instructor particularly notes if the evaluation written by the student and the discussion of the evaluation gives an indication that the student understands that each team member is an individual and that individual differences may influence the learning and abilities of team members to perform.

Teaching Materials

Barrett, Kathleen M. "The Student as a Team Leader," The American Journal of Nursing, 50:498-500, August, 1950.

A presentation of the needs of nursing students before they are ready for team leadership.

Lambertsen, Eleanor C. Education for Nursing Leadership. Philadelphia: J. B. Lippincott Company, 1958, pp. 180-187.

The author discusses assigning and supervising the other members of the team as one of the responsibilities of the team leader.

Lambertsen, Eleanor C. Nursing Team Organization and Functioning. New York: Columbia University, 1953, pp. 21-31.

A description of how nursing team leader is responsible for differentiating and delegating aspects of nursing care and evaluating the results.

Leino, Amelia. "Organizing the Nursing Team," The American Journal of Nursing, 51:665-667, November, 1951.

A discussion of how effective organization of the nursing team can improve nursing care.

"Team Relationships in Nursing Care," filmstrip with record. Color, 20 minutes. Johnson and Johnson.

The case method is used to show the philosophy of team nursing and the relationships of the team members.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Psychiatric Nursing

Third Level Learning Experience

In a discussion of the use of community facilities for the psychiatric patient, Alcoholics Anonymous is discussed. The instructor points out that this is an organized group of alcoholics who are learning to live without alcohol. To understand the services of this group and their role in health teaching, the instructor requires that each student attend one meeting. Prior to the students attendance, they are assigned the article by Ripley and Jackson, "Theurapeutic Factors in Alcoholics Anonymous." The students are asked to find out how persons may join the group, what their activities are, and how the group contributes to the health of the community.

In a ward conference following the visit, the instructor asks the students to tell what they learned relative to the group and how they believe this group contributes to the teaching of health in the community. The instructor evaluates their understanding by the reports in the ward conference.

Teaching Materials

Galder, Grace M. "The Alcoholic, His Family, and His Nurse," Nursing Outlook, 3:528-530, October, 1955.

A presentation of the problems of the alcoholic, his family, community treatment facilities, and what the nurse should know as well as what she can do.

Matheney, Ruth V. and Mary Topalis. Psychiatric Nursing. St. Louis: The C. V. Mosby Company, 1957, pp. 222-231.

A discussion of the nursing care of patients who depend on alcohol.

Ripley, H. S. and J. K. Jackson. "Therapeutic Factors in Alcoholics Anonymous," American Journal of Psychiatry, 116:44-50, July, 1959.

A discussion of the therapeutic factors of this community facility.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Public Health Nursing

Third Level Learning Experience

The film, Broken Appointment, is shown by the public health nursing instructor to introduce the students to clinic facilities and to illustrate possible reasons why scheduled appointments are not kept.

After viewing the film, the students discuss what they believed were the reasons this mother did not keep her appointment and give other reasons why appointments are not kept. The instructor points out the need to identify teaching opportunities in these various facilities and to use these to best advantage in teaching health.

Following the conference, each student is assigned to observe in either the Well Child or Prenatal Clinic to become further acquainted with the services of these facilities in relation to the health of mothers and infants. Each student is to write a paper on some aspect of health teaching which could be used in teaching a group of mothers in one of the clinics and to include how she would present this. After the instructor has reviewed the topic and suggested method of presentation, the student teaches the group. The teaching to the group based on the student's paper is used by the instructor to determine the student's understanding of how this particular facility can be used in health teaching.

Teaching Materials

"Broken Appointment," film. Black and white, sound, 30 minutes. Mental Health Film Board.

A film which presents the psychological aspects of public health nursing in a challenging maternity situation.

Hansen, Ann C. "Broken Appointments in a Child Health Conference," Nursing Outlook, 1:417-419, July, 1953.

The report of a study of why appointments were broken which resulted in a basis for revising child health conference policies.

Murphy, Marion and Winifred Fisher. "Preparing for Group Teaching in Clinics," Nursing Outlook, 2:70-74, February, 1954.

A discussion of the preparation for group teaching which suggests that the nurse start with a small group in a clinic.

Windemuth, Audrey. The Nurse and the Outpatient Department. New York: The Macmillan Company, 1957, pp. 463-497.

Describes how health teaching in a Prenatal Clinic includes preventive and therapeutic teaching suggestions and a knowledge of community facilities.

OBJECTIVE: Understanding of how the community facilities can be used in teaching health

CLINICAL

AREA: Medical-Surgical Nursing III

Third Level Learning Experience

In a seminar the nurse's role in disaster is discussed and the instructor suggests that community facilities are being used to educate the public as well as provide specific services. The instructor arranges for the students to visit the Civil Defense Headquarters to obtain information relative to the activities and services of this agency and to learn what the nurse's role is in civil defense. The students are asked to find out what types of information and services are available and why this is important.

After the students have visited the local headquarters, the students are asked to discuss the facilities they visited in terms of the suggested questions prior to their going. They are also asked to discuss the nurse's role in civil defense. The students write a short paper on the contributions of the local civil defense unit in relation to the national agency and to indicate how this contributes to the health teaching of the public.

Teaching Materials

United States Civil Defense. The Nurse in Civil Defense.
Washington: U. S. Government Printing Office, 1955.

A manual explaining the nurse's part in civil defense.

Shafer, Kathleen N. and others. Medical-Surgical Nursing.
St. Louis: The C. V. Mosby Company, 1958, pp. 202-
213.

A discussion of the nurse's role in disaster.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Psychiatric Nursing

Third Level Learning Experience

The role of interpersonal relationships in the establishment of a therapeutic environment in which the psychiatric patient has opportunities to develop new behavior patterns is presented and discussed with the students by the instructor. At this time, the instructor expresses the idea that the opportunities for teaching psychiatric patients are quite different from the generally conceived idea of teaching patients in other clinical areas. She points out that a therapeutic environment where the patient is helped to realize that he can trust people or that people do care about him, may be necessary before the psychiatric patient can learn. The students keep process recordings on the communication with the patients they are assigned to. The process records are turned in to the instructor at the end of the laboratory period.

During the weekly student-instructor conference, the instructor and student discuss the process records. The instructor evaluates the student's ability to identify opportunities to teach psychiatric patients and to determine whether or not increasing ability to identify opportunities for health teaching is shown after the students have had additional opportunities to work with psychiatric patients.

Teaching Materials

Berengarten, Sidney. "When Nurses Interview Patients," The American Journal of Nursing, 50:13-14, January, 1950.

The use of the process recording is suggested for improving interview techniques.

Gregg, Dorothy E. "The Psychiatric Nurse's Role," The American Journal of Nursing, 54:848-851, July, 1954.

A discussion of how the psychiatric nurse's role is to create an environment in which the patient will have opportunities to develop new behavior patterns.

Peplau, Hildegard E. Interpersonal Relationships in Nursing. New York: G. P. Putnam's Sons, 1952, pp. 263-310.

Describes methods for studying nursing as an interpersonal process.

Schwartz, Morris S. and Emmy L. Shockley. The Nurse and the Mental Patient. New York: Russell Sage Foundation, 1956, pp. 218-281.

Sections which discuss in detail the areas of understanding the patient, communicating with the patient, and relating to the patient.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Public Health Nursing

Third Level Learning Experience

Each student is assigned to spend one day observing with the health nurse in one of the large industrial plants. The public health instructor suggests to the nursing student that she utilize this observation to not only see what the nurse does in an industrial plant but to identify health teaching opportunities available to the nurse in this type of nursing situation. Reference readings pertinent to health teaching in industry are assigned to the student which she is to read prior to the observation.

Immediately following this observation, the student is asked to compile a list of the opportunities she observed for teaching. She is also asked to evaluate whether or not she believes the method or approach to the situation was as meaningful as it could have been. The nurse in the plan assists the student to identify opportunities if this is necessary and requests that the specific suggestions the student makes for changes or improvements be given to her.

The public health nurse reviews the student's list of teaching opportunities identified and the evaluations of how these teaching opportunities were met. She appraises the student's ability to identify opportunities by the comprehensiveness of the list and the resourcefulness of the suggestions for changes or improvements.

Teaching Materials

Barschak, Erna. Today's Industrial Nurse and Her Job. New York: G. P. Putnam's Sons, 1956.

The report of a study of the functions of industrial nursing, including classification of their duties.

Brown, Mary Louise and John Wister Meigs. Occupational Health Nursing. New York: Springer Publishing Company, Inc., 1956.

The authors include the scope and functions of an occupational health nurse and the participation of the nurse in occupational health programs.

Felton, Jean Spencer. "Health Education in Industry," Nursing World, 125:32-34, January, 1951.

Describes the outstanding features of specific program in an industrial setting and preventive health education through various media.

Leahy, Kathleen M. and Aileen Tuttle Bell. Teaching Methods in Public Health Nursing. Philadelphia: W. B. Saunders Company, 1952, pp. 114-145.

A discussion of the use of graphic visual aids in teaching health--such as bulletin boards, charts, and posters.

OBJECTIVE: Ability to identify opportunities for health teaching

CLINICAL

AREA: Medical-Surgical Nursing III

Third Level Learning Experience

The students are assigned to observe and assist with the care of patients admitted to the Emergency Room. In a seminar discussion of the nursing care of emergency patients the students discuss the possibilities for teaching patients and/or their families, during the time they are in the emergency room. The instructor asks the students to give some of the usual accidents and emergencies which require treatment and lists these on the blackboard. The students are then asked to list along side these on the blackboard the teaching which they consider pertinent to the prevention of recurrence of the particular condition listed.

Following the seminar, each student is assigned to the Emergency Room during the laboratory period. The instructor observes the student in the actual situation giving care to patients as a means of determining the student's ability to identify opportunities for teaching health and accident prevention.

Teaching Materials

Harmer, Bertha and Virginia Henderson. Textbook of the Principles and Practices of Nursing. Philadelphia: W. B. Saunders Company, 1955, pp. 1140-1181.

A discussion of accidents, emergencies, and general preventive measures.

Price, Julian P. "Accidents and Poisoning in Children," Public Health Reports, 70:893, September, 1955.

An address by a pediatrician on the physician's role in educating parents.

Your Child's Safety. New York: Public Affairs Committee. Public Affairs Pamphlet No. 225, 1955.

The pamphlet gives factual information about home equipment and how to use it.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Psychiatric Nursing

Third Level Learning Experience

The importance of communicating with other members of the health team as well as the psychiatric patient is introduced by the film, Nurse-Patient Relationships in Psychiatry. Prior to viewing the film, the instructor asks the students to observe the relationship between the nurse and patient in the film. In addition they are to observe the communication between the members of the health team who appear in this film. In a discussion following the film, the students evaluate the effectiveness of communication as they saw it and indicate why the communication was either effective or ineffective.

The instructor assigns each student to attend a staff conference and informs her that she is expected to participate. The instructor attends the conference to evaluate the student's ability to communicate and the contributions made by the student in relation to what should be shared.

Teaching Materials

Hall, Hiram S. "Communicating with Others," The American Journal of Nursing, 53:63-64, January, 1953.

A valuable reference for students studying communication in psychiatry.

Peplau, Hildegard E. Interpersonal Relations in Nursing. New York: G. P. Putnam's Sons, 1952, pp. 263-310.

The author in a chapter discusses observation, communication and recording.

"Psychiatric Nursing: Nurse-Patient Relationships," film. Black and white, sound, 35 minutes. Smith, Kline and French Laboratories.

A film in which the role of the nurse in communicating with the patient and other members of the psychiatric team is well portrayed.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Public Health Nursing

Third Level Learning Experience

In the orientation to the public health nursing experience, the instructor presents to the class the case records and referral forms which are used by the agency, and emphasizes the importance of the case records sharing of the knowledge of health teaching. She points out the value of these forms as a means in communicating with other members of the health team--both within and outside the agency and the students are informed that they will be responsible for completing these forms while they are working in the agency.

Each student is assigned to complete the necessary forms following each home visit. These forms include the case record summaries and reports to other departments and/or agencies.

The instructor evaluates these records to ascertain each student's ability to communicate and share knowledge of health teaching with other members of the health team.

Teaching Materials

Freeman, Ruth B. Public Health Nursing Practice.
Philadelphia: W. B. Saunders Company, 1957, pp. 258-
260.

A description of how exchanging information is an
important aspect of communication.

Silver, George. "Continuity of Public Health Care,"
Public Health Reports, 73:97-98, January, 1958.

A discussion of the role of the public health nurse
to provide information to the patient and to the
hospital.

OBJECTIVE: Ability to communicate and share knowledge of health teaching with other members of the health team

CLINICAL

AREA: Medical-Surgical Nursing III

Third Level Learning Experience

The instructor has assigned the students a chapter which discusses the head nurse's role in the nursing team. The importance of communicating is one aspect considered in the seminar discussion which follows. The students are asked to give examples of what information they believe the head nurse should share, whether it should be written or given verbally. A discussion of how the head nurse can effectively share knowledge about the teaching of patients follows.

Each student is assigned to function as an assistant head nurse. The head nurse keeps anecdotal notes on the student's activities during the time she functions in this position.

The instructor and head nurse use the anecdotal records and observations made to determine if the student does have the ability to communicate and share knowledge of health teaching with the other members of the health team.

Teaching Materials

Graves, Helen G. "Head Nurses are Key People," The American Journal of Nursing, 54:572-574, May, 1954.

A discussion of the demands and satisfactions of a head nurse job.

Schoick, Mildred Van. "The Head Nurse Has an Important and Satisfying Job," The American Journal of Nursing, 52:863-865, July, 1952.

The head nurse's ability, personality, and enthusiasm for her work effect the efficiency and atmosphere of the nursing unit.

OBJECTIVE: Ability to do health teaching through application of basic scientific knowledge

CLINICAL

AREA: Psychiatric Nursing

Third Level Learning Experiences

During the class discussion of the treatment of patients receiving electro-shock therapy, the instructor points out the need to prepare the patient and his family for this type of therapy. The students are assigned to read the mimeographed instructions given to patients and then to observe a patient having electro-shock therapy. Immediately following the observation, the physiological effect of this procedure is pointed out by the instructor who uses this as a basis for discussing with the student the care of the patient (i.e., restrictions on operating an automobile, the need for close supervision for a specified period of time).

Following the discussions and the observation of the therapy, each student is assigned to care for a patient who is receiving electro-shock therapy. The instructor observes each student in the ward situation to evaluate her ability to prepare the patient for the treatment and to discuss the effect of the therapy on the patient with the patient's family to help them understand the procedure and their role in assisting the patient to recover.

Teaching Materials

Gallinek, Alfred. "Fear and Anxiety in the Course of Electro-Shock Therapy," The American Journal of Psychiatry, 113:428-433, November, 1956.

A discussion of patients' reactions to electro-shock therapy.

Hotchkiss, Georgina. "The Psychiatric Patient's Visitors," Nursing Outlook, 4:343-346, June, 1956.

A psychiatric social worker studied and described patient-visitor patterns of relationship. The role of the nurse in helping visitors overcome difficulties in communication is presented.

Matheney, Ruth V. and Mary Topalis. Psychiatric Nursing. St. Louis: The C. V. Mosby Company, 1953, pp. 66-83.

A presentation of general principles of psychiatric nursing including the giving of explanations to the patient.

Peplau, Hildegard. Interpersonal Relations in Nursing. New York: G. P. Putnam's Sons, 1952, pp. 159-259.

A discussion of the psychological tasks encountered in the process of learning to live with people as an aspect of formulation and development of personality and as an aspect of the tasks demanded by the nurse in their relations with patients.

OBJECTIVE: Ability to do health teaching through application of basic scientific knowledge

CLINICAL

AREA: Public Health Nursing

Third Level Learning Experience

The students are assigned to read the chapter in the public health nursing text on home care and teaching home care. In the conference discussion of teaching in the home, the instructor points out that it is often necessary to teach a member of the family how to bathe a patient in bed and that the basic principles they learned for bathing a patient in nursing fundamentals are applicable to this teaching. The students are asked to review the principles of bathing which they believe should be included or modified in teaching this procedure in the home, (i.e., the necessary equipment, usual procedure, suggestions for improvising equipment and modifying procedures).

Each student is assigned by the public health nurse to teach a member of a family the bath and care of a bedfast patient. From the case history, the student outlines the teaching prior to the visit, and the instructor reviews the plan and makes suggestions. The instructor observes the student demonstrating the bath and care of the patient in the home situation. The student's ability to do health teaching utilizing her knowledge of scientific principles applied to nursing is evaluated by the instructor by means of the observations made.

Teaching Materials

Freeman, Ruth B. Public Health Nursing Practice. Philadelphia: W. B. Saunders Company, 1957, pp. 163-175.

A discussion of nursing care in the home and the need for planning and preparing to teach the patient and his family.

American Red Cross. Home Nursing Textbook. Philadelphia: The Blakiston Company, 1951.

Home nursing procedures and nursing care in special conditions is presented for the lay person. Illustrations included.

OBJECTIVE: Ability to do health teaching through application of basic scientific knowledge

CLINICAL

AREA: Medical-Surgical Nursing III

Third Level Learning Experience

Prior to the classroom discussion of the "comprehensive" care of patients with tuberculosis, the instructor assigns the students to select and read two articles from a prepared list of articles pertinent to the teaching programs for tuberculosis patients. In a seminar, the students are asked to discuss the value of these teaching programs to both the patient with tuberculosis and to society. These programs are also discussed in terms of teaching content included and the methods and techniques used.

As a class project, a guide for use by the nurse in teaching the patient with tuberculosis is developed. The instructor and a member of the medical staff check the guide to ascertain that the content is based on scientific principles. The instructor observes the student while giving care to a patient with tuberculosis.

The instructor's observations of the student giving care to the patient is used to determine if the student utilizes the opportunities presented for teaching (i.e., if the patient is coughing, does the student not only give a mouth wipe but explain why this precaution is necessary).

Teaching Materials

Daniels, Virginia and Alma Tagliabue. "An Educational Program for the Tuberculosis Patient," The American Journal of Nursing, 54:1503-1505, December, 1954.

A discussion of how teaching the patient with tuberculosis is best accomplished through application of the principles of learning.

Kerr, Charlotte. "Teaching Patients is Easy," The American Journal of Nursing, 51:173-174, January, 1951.

A discussion of a patient education program for patients with tuberculosis which uses both individual and group teaching.

Vigneau, Alfred, and Robert F. Mahoney. "A Teaching Plan for the Tuberculosis Patient," Nursing World, 133:10-14, January, 1959.

Teaching techniques are discussed and a convenient method is described.

Wandelt, Mabel A. "How Shall We Teach the Tuberculosis Patient?" Nursing Outlook, 4:444-447, August, 1955.

The author contends that if we accept the premise that teaching means a better opportunity for recovery we must decide on the methods of teaching which will give the greatest help to the patient's understanding.

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CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary

The purposes of the study were: (1) to develop a guide which would provide the nursing instructor with a list of materials from which to select those learning experiences that would aid the basic nursing student develop a concept of her role as a health teacher and (2) to illustrate how learning experiences could be planned to assist the nursing student to develop a concept of her role and to illustrate how these learning experiences could be organized for sequence, continuity, and integration.

The assumption upon which the study was based was that since health teaching is recognized as a nursing function, the basic professional program should provide the student with opportunities to develop a concept of herself as a health teacher. The need for the study was established following the review of literature made which identified health teaching as a function of the nurse and established the value of the resource unit as a tool in curriculum planning.

The review of the literature made guided the development of the resource unit. The steps in the

development of the guide were: (1) identification and formulation of the health teaching objectives which would serve as the educational purposes of the guide, (2) screening of objectives, (3) selection of clinical areas, (4) selection of learning experiences, (5) development and organization of learning experiences, (6) selection of teaching materials, (7) suggestions for evaluating learning experiences, and (8) compilation of a bibliography.

From the review of literature made, content related to health teaching was identified and used in formulating the educational purposes of the guide developed in the study. Four behaviors were selected for use in the study: awareness, appreciation, understanding, and ability. The objectives of the guide were then stated in terms of the desired behavior and the content area of health teaching in which the student was to demonstrate the behavior. In order to evaluate the worth of objectives as educational goals they were screened through the philosophy of education. To determine whether or not they could be attained, they were then screened through the psychology of learning. Objectives inconsistent with the philosophy of education and/or the psychology of learning were eliminated.

The objectives used in the guide were:

Awareness that the nurse has a teaching role.

Awareness of the available community facilities.

Appreciation of the contribution of health teaching in the promotion of health and the prevention of illness.

Understanding of individual differences and how these differences may influence learning.

Understanding of how the community facilities can be used in teaching health.

Ability to identify opportunities for health teaching.

Ability to communicate and share knowledge of health teaching with other members of the health team.

Ability to do health teaching through the application of basic scientific knowledge.

All clinical areas traditionally included in a basic nursing curriculum were represented in the guide. To demonstrate the development of the thread of health teaching in the curriculum, learning experiences were planned for three levels to correspond with the three clinical years in the curriculum. Therefore, first level learning experiences were planned for Nursing Fundamentals and Medical Nursing I; second level were planned for Nursing of Children, Maternity Nursing, and Medical-Surgical Nursing II; and third level learning experiences were planned for Psychiatric Nursing, Public Health Nursing and Medical-Surgical Nursing III. It was believed that the behaviors of awareness and appreciation could be attained at the completion of the first level experiences, therefore, learning experiences to attain these behaviors were not planned on the second and third levels. The

learning experiences were then organized for sequence, continuity, and integration as proposed by Tyler.¹

Suggestions for evaluation were included in each of the learning experiences. To complete the guide, a bibliography was compiled and included in the guide.

Recommendations

Recommendations made as a result of the study are:

1. That the guide developed in the study be used in an actual teaching situation to determine if it has value to the instructor in aiding the nursing student develop a concept of herself as a health teacher.

2. Following the use of the guide in an actual situation that a follow-up study be made to determine if the nursing student believed that she developed a concept of her role as a health teacher in the basic nursing curriculum.

¹Ralph W. Tyler, Basic Principles of Curriculum and Instruction (Chicago: The University of Chicago Press, 1950), pp. 55 et seqq.

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APPENDIX A

Philosophy of Education

We, the faculty of the School of Nursing, in harmony with the democratic philosophy of the University of , believe that our educational program should foster the development of individual creativeness, critical thinking, responsible citizenship, and the ability to lead a self-directive, meaningful personal and professional life.

Through a broad educational background encompassing the humanities and the social and biological sciences, those qualities desirable as a foundation for personal gratification and professional functioning in the first level nursing positions are cultivated.

The educational program of the School of Nursing is designed to produce graduates who will manifest the following characteristics:

Competence to practice nursing with sufficient knowledge and skill to satisfy the requirements of beginning practice.

Social understanding needed to place nursing practice in the context of the society which supports it and to develop capacity for leadership in professional and public affairs.

Personality characteristics which make possible effective nursing practice and effective living.

Desire for knowledge which will steadily increase knowledge and skill needed in nursing practice.

Interest in research and the desire for increased knowledge in the discovery and application of new truths.¹

¹Marilyne Backlund, E. Kathryn Barnett, Irene Brower, Marjorie Cooper, Lu Verne Davis, Rose Howden, Irene Lang, and Essie Riley, "A Curriculum Project" (unpublished Nursing 656 project, The University of Colorado, Denver, 1960), p. 1.

APPENDIX B

Psychology of Learning

The psychology of learning used in this study was based on the theory that learning is a dynamic process manifested by a change in behavior resulting from experience rather than merely the process of maturation and that the change in behavior persists.

The psychology of learning which follows was developed for use in a curriculum study and was accepted for this study.¹ The following principles are included:

Readiness is essential to learning. Learning takes place to the extent that the learner is psychologically and physically ready to learn.

Individual differences must be considered if effective learning is to take place.

Motivation is essential for learning because it initiates, sustains, and directs the learning activities.

Perception is an important factor in learning. What the student learns depends upon what she perceives in light of previous experiences.

Self activity is necessary for the student learns what she actually uses.

Transfer is a necessary component of learning. Recognition of similarities and dissimilarities between past experience and the present situation facilitates the transfer of learning.

¹Ole Sand, Curriculum Study in Basic Nursing Education (New York: G. P. Putnam's Sons, 1955), pp. 53-65.

Interpersonal relationships are important in motivation since they affect motivation and the extent to which learning occurs.

Evaluation is essential in determining outcomes of learning. A continuous appraisal of changes in behavior; when carried out by the instructor and the student together, indicates achievement of the goals of learning and gives direction for further learning.²

²Ibid.